

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 19-090533			
EVENT	Incident Type: 16-5-40 (1005) Kidnapping - minor 16-63 Wanted Person Located 16-63 Missing Juvenile Located				Counts 2	Incident Code 1005	Offense Jurisdiction STATE	Arrest Jurisdiction		
	Premise Type: ALL OTHER				Weapon Type:	Forcible: <input type="checkbox"/> U	Stranger To Stranger: <input type="checkbox"/> U	Hate Motivated: <input type="checkbox"/>	Loc Code: 560	
	Date Report: 9/27/2019 10:00:00 PM				Incident Start: 9/27/2019 3:19:00 PM	Incident End: 9/27/2019 6:00:00 PM	Incident Location: 4649 Memorial Dr Decatur GA			
	Name (Last, First Middle): Rivas, Natalie				Moniker:	DOB: [REDACTED] -2005	Age: 14	Sex: F	Race: W	Ethnicity: U
	Address 1045 Morgan Rd Canton GA 30115-				Home #:	Work #:	Cell #:	Email:		
	SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State: RESIDENT 503 118 BROWN STRAIGHT MEDIUM BROWN									
	Occupation: Employer: Address:				Employer Phone:					
	Victim Type: Individual Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Name of Victim's School				LEOKA Activity Type:			LEOKA Assignment Type:		
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input checked="" type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
	SMTs:									
VICTIM	Relationship To Offenders:	(1) STRANGER (6)	(2)	(3)	(4)	(5)				
	Offenses Involved:	(1) 1005 (6)	(2) Nonc (7)	(3)	(4)	(5)				
	Name: 19-090533, 19-090533	Moniker:	DOB:	Age: 00	Sex: M	Race: B	Ethnicity:			
	Address:	Home Phone:	Work Phone:	Cell Phone:	Email:					
	SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:									
	Occupation: Employer: Address:	Employer Phone:								
	SMTs:									
	Offenses Involved: (1) 16-5-40 (1005) Kidnapping - minor (3) (5) (7) (9) _____ (2) 1005 (4) (6) (8) (10)									
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: <input type="checkbox"/> WEAPON:				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
	TOTAL NUMBER ARRESTED: <input type="checkbox"/> 0		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>							
OFFENDER	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS			
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER			
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	TOTAL									
ADM										
GCIC ENTRY <input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES										
DRUG										
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown										
CLEAR										
CLEAR DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE										
REPORTING OFFICER Hill m 1					NUMBER 2804	APPROVING OFFICER Bobo r 1	NUMBER 2435			



**DEKALB COUNTY POLICE DEPARTMENT  
GA0440200  
ADDITIONAL VICTIMS**

Case #:

19-090533

Name (Last, First Middle): <b>Dunn, Hailia Michelle</b>	Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:				
Address <b>790 Flecther St Cadartown GA 30125-</b>	Home #:	Work #:	Cell #:	Email:						
SSN: <b>RESIDENT</b>	Resident Status: <b>HGT: 503 WGT: 137</b>	Hair Color: <b>BROWN</b>	Hair Style: <b>STRAIGHT</b>	Hair Length: <b>MEDIUM</b>	Eye Color: <b>BLUE</b>	OLN #: <b>060935223</b>	State: <b>GA</b>			
Occupation:	Employer:	Address:					Employer Phone:			
Victim Type: <b>Individual</b>	Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School: <input type="checkbox"/>			LEOKA Activity Type:	LEOKA Assignment Type:				
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other						Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
SMTs:										
Relationship To Offenders:	(1) <b>STRANGER</b>	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1) <b>1005</b>	(2) <b>Nonc</b>	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Name (Last, First Middle): <b>Douglasville Sheriff's Office</b>	Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:				
Address <b>8470 Earl D Lee Blvd Douglasville GA 30134-</b>	Home #:	Work #:	Cell #:	Email:						
SSN: <b>RESIDENT</b>	Resident Status: <b>HGT: WGT:</b>	Hair Color: <b></b>	Hair Style: <b></b>	Hair Length: <b></b>	Eye Color: <b></b>	OLN #: <b></b>	State: <b></b>			
Occupation:	Employer:	Address:					Employer Phone:			
Victim Type: <b>Government</b>	Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School: <input type="checkbox"/>			LEOKA Activity Type:	LEOKA Assignment Type:				
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other						Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
SMTs:										
Relationship To Offenders:	(1) <b>STRANGER</b>	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1) <b>Nonc</b>	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Name (Last, First Middle):	Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:				
Address	Home #:	Work #:	Cell #:	Email:						
SSN: <b>RESIDENT</b>	Resident Status: <b>HGT: WGT:</b>	Hair Color: <b></b>	Hair Style: <b></b>	Hair Length: <b></b>	Eye Color: <b></b>	OLN #: <b></b>	State: <b></b>			
Occupation:	Employer:	Address:					Employer Phone:			
Victim Type:	Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School: <input type="checkbox"/>			LEOKA Activity Type:	LEOKA Assignment Type:				
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other						Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
SMTs:										
Relationship To Offenders:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT VEHICLES							Case #: 19-090533
<input type="checkbox"/> STOLEN	TAG NUMBER CLT6682	STATE GA	YEAR 2019	V.I.N. 2C3CDXBG8KH667521	TYPE 2 OR 4 DOOR SEDAN (PASSENGER)		
<input type="checkbox"/> RECOVD	YEAR 2019	MAKE DODGE	MODEL CHARGER	STYLE SEDAN, 4 DOOR	COLOR GREY	RELATED TO	
<input checked="" type="checkbox"/> SUSPECTS	MOTOR SIZE (CID) TRANS <input type="checkbox"/>			AUTO <input type="checkbox"/> MAN. <input type="checkbox"/>	INSURED BY		
OWNER RUFFIN JAMES			ADDRESS 3200 TROTTERS WALK CIRCLE . SNELLVILLE GA 30078-			PHONE	
INVENTORY	INVENTORY DATE <input checked="" type="checkbox"/> 10/10/2019 5:30:00 PM	STORED AT STATE WIDE		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID) TRANS <input type="checkbox"/>			AUTO <input type="checkbox"/> MAN. <input type="checkbox"/>	INSURED BY		
OWNER			ADDRESS			PHONE	
INVENTORY	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/>							
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID) TRANS <input type="checkbox"/>			AUTO <input type="checkbox"/> MAN. <input type="checkbox"/>	INSURED BY		
OWNER			ADDRESS			PHONE	
INVENTORY	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/>							
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID) TRANS <input type="checkbox"/>			AUTO <input type="checkbox"/> MAN. <input type="checkbox"/>	INSURED BY		
OWNER			ADDRESS			PHONE	
INVENTORY	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/>							
<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	TYPE		
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE	COLOR	RELATED TO	
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID) TRANS <input type="checkbox"/>			AUTO <input type="checkbox"/> MAN. <input type="checkbox"/>	INSURED BY		
OWNER			ADDRESS			PHONE	
INVENTORY	INVENTORY DATE	STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER	
<input type="checkbox"/>							

DEKALB COUNTY POLICE DEPARTMENT GA0440200 OTHER PERSONS							Case #: 19-090533			
Involvement Type: PARENT	Name (Last, First Middle): Montour April Nichole					Moniker:	SSN:			
Address 1045 Morgan Rd Canton GA 30115-						Home #:	Cell #: [REDACTED] Work #:			
DOB: [REDACTED] -1984	Age: 35	Sex: F	Race: W	Ethnicity: N	Resident Status: RESIDENT	Hair Color: BROWN	Eye Color: BROWN	HGT: 505	WGT: 130	
SMTs:										
Email:	OLN #: 052809559					State: GA	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:	Employer/School:					Address:	Employer Phone:			
Involvement Type:	Name (Last, First Middle):					Moniker:	SSN:			
Address						Home #:	Cell #:	Work #:		
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:	OLN #:					State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:	Employer/School:					Address:	Employer Phone:			
Involvement Type:	Name (Last, First Middle):					Moniker:	SSN:			
Address						Home #:	Cell #:	Work #:		
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:	OLN #:					State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:	Employer/School:					Address:	Employer Phone:			
Involvement Type:	Name (Last, First Middle):					Moniker:	SSN:			
Address						Home #:	Cell #:	Work #:		
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:	OLN #:					State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:	Employer/School:					Address:	Employer Phone:			
Involvement Type:	Name (Last, First Middle):					Moniker:	SSN:			
Address						Home #:	Cell #:	Work #:		
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:	OLN #:					State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:	Employer/School:					Address:	Employer Phone:			

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 19-090533
Officer ID/Name: 2804	Date: 9/27/2019 10:00:00 PM	Approving Officer ID/Name: 2435	Date: Bobo r 1
Title: INITIAL REPORT			
<p>On 9-27-19 while handling a fire call located at in the parking lot of the Wendy's located at 4643 Memorial Dr I was approached by Ms. April Montour. She was frantic as she advised that her daughter, Ms. Natalie Rivas was a runaway juvenile and also reportedly "kidnapped" and being held against her will at the Motel (United Inn) 4649 Memorial Dr. Next door to the location where we were at. I attempted to get as much information as I could from her as she went on to say that Natalie was first in a group home, Murphy Harpst located in Cedar County Georgia. On September 17th 2019.</p> <p>She adds that she was only there for the span of four days when she ran away and a report was then filed through National Center for Missing and Exploited Children (case #1369087). She then went on to state that there was also an FBI file and case that went along with the initial call. Ms. Montour says that Natalie was posting photos on social media about being with a black male only identified by his last name "Ruffin" and Instagram account "slimdunkinruffin" along with two other juvenile females. She says that he drives a black Dodge Charger that was supposedly seen in the rear of the Motel by Ms. Montour. Ms. Montour adds that she did not know what room they were in but the last post that was seen was that of Natalie and another female saying that they were eating at the Wendy's, where we were, and that they were going back to the hotel. Ms. Montour adds that this information was being passed along from a third party whom was also a juvenile female of whom she suspects was being "recruited". The unknown female then passed this information to Ms. Montour as she was then providing updates to me.</p> <p>Ms. Montour stated that "Ruffin" was seen on his post with weapons, narcotics and even shown pictures of him lying in the bed with Natalie and other juvenile females. She assumed that "Ruffin" was armed and dangerous due to the post that he was shown in. She adds that he was even seen driving a black Dodge Charger in a few of his post with the juvenile's females as passengers. Ms. Montour says that Natalie has stated that she wants to leave the motel and get away from "Ruffin" "but they won't let her". They would not allow her to communicate with anyone but other girls. Ms. Montour continued to add that it was important that we get "Ruffin" in to custody and recover Natalie because they were stating that "Ruffin" was supposed to be taking them out of the state.</p> <p>I then raised dispatched and alerted them of what I was out on and to start me additional units to start a perimeter on the Motel. As units quickly arrived, Ms. Montour stated that an undated post to the unknown female stated that they were clear that the police were around the motel. They were then to meet with her at the Quick Trip located on N. Indian Creek and N. Decatur Rd. I then advised if Ms. Montour could still see the Dodge Charger and she stated that she just saw one leave the parking lot and go east on Memorial Dr towards that same direction.</p> <p>I then raised the Special Victims Unit and alerted Det. Benton whom is with Internet Crimes against Children Unit. I advised them of everything that was taking place. They were then provided with photos from Ms. Montour of Natalie and a photo of "Ruffin". Ms. Montour then received an update that Natalie was leaving the QT and heading to the Burger King that was directly across the street from our location.</p> <p>We then witnessed a newer model black Dodge Charger idling in the parking lot of the Burger King. As units began to get close the vehicle then sped off towards Memorial Dr and I-285. It was unknown if this was going to be the vehicle at the time. Ms. Montour then gave another update that stated that they were next to the Burger King at a service station and waiting for her in a large white SUV. Ms. Montour then looked up and alerted me that she thinks that she sees Natalie in the parking lot of the Citco Gas Station located at 4640 Memorial Dr. Wearing a white black and red flannel shirt with a white shirt under it and khaki pants. She then stated that she was with another young white female whom was wearing short shorts and a gray sweater.</p> <p>As I looked I could see the two females in the parking lot. I then went across traffic and made contact with the two females as they attempted to walk away from me. I asked Natalie if her name was Natalie. She replied "No, that's not my name". The second female, later identified as being Ms. Hailie Dunn stated that she as 17 year old. I then asked if they had ID on them and they stated "No". Ms. Dunn then stated that she was going to go to the room where her mom was and get it. I then grabbed both females by the back of their shirts and advised them that they were going to walk with me and that they were being detained. As I began to walk closer to Ms. Montour whom was standing in the parking lot of the Wendy's she began to say "Natalie what were you thinking".</p> <p>I noticed that Natalie had several bruises covering her neck and going down to her chest. After securing both females in the rear of my police vehicle, I then saw that Ms. Dunn was texting someone. I then attempted to remove the phone from her hands as she then began to clutch the phone. She was advised to let the phone go and that she could not use it at this time. Still holding the phone with a tighter grip then before Ms. Dunn stated that she was "texting her case worker to come and get her". I then removed the phone from her hands and placed it in the front seat of my police vehicle. I then rolled the windows down and secured the doors.</p> <p>Det. Benton the arrived as I briefed him on the outcome. I then asked Ms. Dunn whom they were riding with. She stated that they didn't know the guy but he was "a big black male wearing a black shirt and driving an older big white SUV". I saw that the white SUV that they were seen walking from was still in the parking lot but it was added that this was not the same SUV. I then</p>			

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 19-090533
Officer ID/Name: 2804	Date: 9/27/2019 10:00:00 PM	Approving Officer ID/Name: 2435	Date: Bobo r 1
Title: INITIAL REPORT			
<p>continued to speak further with Det. Benton as I noticed Natalie attempting to place her arm through the middle cage to reach the phone as someone was calling it. I then closed the middle panel to the cage.</p> <p>After gathering further information Det. Benton was able to find the room that they were staying in. After speaking with the lobby he was provided the room number as we attempted to conduct a knock and talk with anyone that might be in the room. It was stated that the same "Ruffin" subject was the same one whom rented the room and seen driving a black Dodge Charger. As I waited for Det. Benton to get further information on the "Ruffin" subject I ran both females in the National Crime Information Center system. Ms. Dunn was showing to be wanted out of Douglasville County Sheriff's Office for Parole Violation and missing juvenile with a nationwide extradition (warrant #19JV0891). She was also showing to be missing and have pending warrants out of Clayton County Sheriff's Office. Natalie was showing to be a missing person out of Cherokee County Sheriff's Office (warrant #02819J0433). I alerted my dispatch of their status. Ms. Dunn was confirmed by Operator Cox and Natalie was confirmed by Operator Caughman.</p> <p>I then met back with Det. Benton as we went to the room which was stated to be where Ms. Dunn and Natalie were "being held". As we knocked there was no answer. I then stood at the door as Det. Benton left to obtain a search warrant for the location. While waiting it was stated that Ms. Montour provided Natalie and Ms. Dunn with food and drinks. Shortly after Det. Benton came back with warrant in hand. We then knocked again announcing that we were the DeKalb County Police Department. After making several knocks and announcing ourselves there was still no answer. A master key that was obtained from the front lobby was then used to gain access in the location. There was no other subjects in the location. I then returned to my vehicle and Officer B.K. Anderson and I then transported Ms. Dunn and Natalie to the DeKalb County Headquarters where they were to be spoken with further by detectives in reference to the call. Deputy Young with the Douglasville County Sheriff's Office arrived to the location to stand by and transport M.s Dunn to Rome Georgia due to the confirmation.</p> <p>Med Unit #46 responded to Headquarters to exam the bruises on victim Natalie Rivas neck.</p> <p>Body Worn Camera was on during the stop.</p>			

<b>DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE</b>			
Officer ID/Name: 3451	Date: 10/10/2019 6:37:42 PM	Approving Officer ID/Name: 3043	Case #: 19-090533
Title: SUPPLEMENTAL NARRATIVE			
<p>Report Date: 10/10/2019 18:37:12            Reporting Officer: 3451 - Lane c d            Approving Officer: 3043 - Paske t w</p> <p>On October 10, 2019 at approximately 5:00 PM I, Officer Lane #3451, along with the rest of the East Precinct NET team Task Force was assisting Detective Benton with the execution of active arrest warrants for Mr. James Ruffin (12/04/1991). Mr. Ruffin was known to attended classes at the Georgia Piedmont Technical College located at 6720 Marbut Rd. At approximately 5:15 PM undercover units stationed at the college observed Mr. Ruffin arrive at the location in a grey in color Dodge Charger bearing GA plat CLT6682.</p> <p>Once Mr. Ruffin had exited the vehicle, NET units moved in. Mr. Ruffin was taken into custody without incident. Mr. Ruffin's vehicle was impounded by State Wide incident to arrest. Mr. Ruffin was then transported by my unit to be questioned at DeKalb County Headquarters. He was then transported to DeKalb County Jail under his current warrants.</p> <p>My Body Camera was activated during the arrest and during transport. Copies of the warrants were provided to the Jail. The Warrants had not been put in the system yet so they did not need to be confirmed over the radio by the warrants office.</p>			

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 12-088734	
EVENT	Incident Type: 16-10-25 (4803) GIVING FALSE NAME, ADDRESS, OR BIRTHDATE				Counts 1	Incident Code 4803	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY
	Premise Type: HIGHWAY		Weapon Type:		Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 561
	Date Report: 8/7/2012 1:52:00 AM		Incident Start: 8/7/2012 1:52:00 AM	Incident End: 8/7/2012 2:56:00 AM	Incident Location: 4649 MEMORIAL DR DECATUR GA			
	Name (Last, First Middle):				Moniker:	DOB:	Age:	Sex: _____ Race: _____ Ethnicity: _____
	Address:				Home #:	Work #:	Cell #:	Email:
	SSN: _____ Resident Status: _____ HGT: _____ WGT: _____				Hair Color: _____ Hair Style: _____ Hair Length: _____ Eye Color: _____ OLN #: _____ State: _____			
	Occupation: _____ Employer: _____				Address: _____ Employer Phone: _____			
	Victim Type: Student: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Name of Victim's School: _____	LEOKA Activity Type: _____	LEOKA Assignment Type: _____	
VICTIM	Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
	SMTs:							
	Relationship To Offenders:	(1)	(2)	(3)	(4)	(5)		
		(6)	(7)	(8)	(9)	(10)		
	Offenses Involved:	(1)	(2)	(3)	(4)	(5)		
		(6)	(7)	(8)	(9)	(10)		
	Name: BRAITHWAITE, MARIAH				Moniker: _____ DOB: _____ Age: _____ Sex: _____ Race: _____ Ethnicity: _____			
	Address: 5266 LONG GREEN LN STONE MOUNTAIN GA 3008				Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____			
	SSN: _____ Resident Status: _____ HGT: _____ WGT: _____				Hair Color: _____ Hair Style: _____ Hair Length: _____ Eye Color: _____ OLN #: _____ State: _____			
	507 137				057640503 GA			
OFFENDER	Occupation: _____ Employer: _____				Address: _____ Employer Phone: _____			
	UNKNOWN OR NOT STATED							
	SMTs:							
	Offenses Involved:							
	(1) 16-10-25 (4803) GIVING FALSE NAME, ADDRESS, C 4803 (2)							
	(3) _____ (4) _____							
	(5) _____ (6) _____							
	(7) _____ (8) _____							
	(9) _____ (10) _____							
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>				SUSPECT ARMED: N	WEAPON: _____	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
TOTAL NUMBER ARRESTED: 1				ARREST AT OR NEAR OFFENSE SCENE: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>				
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS	
	STOLEN	\$0.00	RECOVERED	\$0.00	STOLEN	\$0.00	RECOVERED	\$0.00
	RECOVERED	\$0.00	CLOTHING	\$0.00	STOLEN	\$0.00	RECOVERED	\$0.00
	STOLEN	\$0.00	OFFICE EQUIP.	\$0.00	STOLEN	\$0.00	HOUSEHOLD GOODS	\$0.00
	RECOVERED	\$0.00	STOLEN	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00
	FIREARMS	\$0.00	CONSUMABLE GOODS	\$0.00	LIVESTOCK	\$0.00	OTHER	\$0.00
	STOLEN	\$0.00	STOLEN	\$0.00	RECOVERED	\$0.00	STOLEN	\$0.00
	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00
	TOTAL				TOTAL			
	\$0.00				\$0.00			
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES							
DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? If <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown							
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED				DATE OF CLEARANCE	<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE	
REPORTING OFFICER T L CHURCHILL				NUMBER 2895	APPROVING OFFICER	NUMBER		

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>		Case #: 12-088734
Officer ID/Name:	Date:	Approving Officer ID/Name:
Title: <b>INITIAL REPORT</b>		
<p>On 8/7/12 at 0152 hours while conducting a business check at 4649 Memorial Drive (United Inn Suites) I initiated a citizen contact on a black female in the rear of the location. After informing the subject of the local crime trends the subject wilfully provided her information (name and date of birth). An NCIC check on the information provided (Diamond Williams [REDACTED] 94) yielded no results on NCIC. The suspect was detained for further investigation at this time and provided her correct information. An NCIC check on the suspect, Manah Braithwaite, revealed she was wanted by the Dekalb County Sheriff's Office for Prostitution. The suspect was arrested and charged with Providing False Name / DOB 16-10-25 and transported to the Dekalb County Jail without incident. Warrants will be secured later this date.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 12-060544			
EVENT	Incident Type: 16-11-39.1 (5309) HARASSING PHONE CALLS 16-11-39.1				Counts 1	Incident Code 5309	Offense Jurisdiction COUNTY	Arrest Jurisdiction		
	Premise Type: UNITED INN		Weapon Type:		Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 551		
	Date Report: 5/30/2012 9:02:00 PM		Incident Start: 5/29/2012 10:02:00 PM		Incident End: 5/30/2012 8:33:00 PM	Incident Location: 4649 MEMORIAL DR 320 STONE MOUNTAIN GA				
	Name (Last, First Middle): KNIGHT, HILLARY				Moniker:	DOB: -1991	Age: 21	Sex: F		
	Address 2969 SANDSTONE TRL SW MARIETTA GA				Home #:	Work #:	Cell #:	Email:		
	SSN: 506				Resident Status: HGT: 506	WGT: 147	Hair Color: Hair Style: Hair Length: Eye Color: OLN #:	State:		
	Occupation: Employer				Address:			Employer Phone:		
VICTIM	Victim Type: Individual		Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Name of Victim's School:	LEOKA Activity Type:	LEOKA Assignment Type:			
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal		<input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other		Used: <input type="checkbox"/>	Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>				
	SMTs:									
	Relationship To Offenders:		(1) RELATIONSHIP UN (6)	(2)	(3)	(4)	(5)			
	Offenses Involved:		(1) 5309 (6)	(2)	(3)	(4)	(5)			
			(7)	(8)	(9)	(10)				
	Name: UNKNOWN, DON				Moniker:	DOB:	Age:	Sex: M		
								Race: U		
	Address:				Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN: 0				Resident Status: HGT: 0	WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #:	State:				
OFFENDER	Occupation: Employer		Address:		Employer Phone:					
	SMTs:									
	Offenses Involved: (1) (3) (5) (7) (9) (2) (4) (6) (8) (10)									
	WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED: <input checked="" type="checkbox"/> U	WEAPON: <input type="checkbox"/>		
	USED: <input type="checkbox"/>		DRUGS: <input type="checkbox"/>		ALCOHOL: <input type="checkbox"/>		COMPUTER: <input type="checkbox"/>			
	TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE:		Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>				
	PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS	FURS			
		STOLEN <input type="checkbox"/>	\$0.00	STOLEN <input type="checkbox"/>	\$0.00	\$0.00	\$0.00			
		RECOVERED <input type="checkbox"/>	\$0.00	RECOVERED <input type="checkbox"/>	\$0.00	\$0.00	\$0.00			
		CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC	HOUSEHOLD GOODS			
STOLEN <input type="checkbox"/>		\$0.00	STOLEN <input type="checkbox"/>	\$0.00	\$0.00	\$0.00				
RECOVERED <input type="checkbox"/>		\$0.00	RECOVERED <input type="checkbox"/>	\$0.00	\$0.00	\$0.00				
FIREARMS		CONSUMABLE GOODS		LIVESTOCK	OTHER	TOTAL				
STOLEN <input type="checkbox"/>		\$0.00	STOLEN <input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00			
RECOVERED <input type="checkbox"/>		\$0.00	RECOVERED <input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00			
ADM.	GCIC ENTRY		<input type="checkbox"/> WARRANT		<input type="checkbox"/> MISSING PERSONS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> ARTICLE	<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin									
	YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> 10 - Unknown									
	REQUIRED DATA FIELDS FOR CLEARANCE REPORT		<input type="checkbox"/> CLEARED BY ARREST		<input type="checkbox"/> EXCEPTIONALLY CLEARED		<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE
	REPORTING OFFICER N K POOLE		NUMBER 2992		APPROVING OFFICER		NUMBER			

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>		Case #: 12-060544
Officer ID/Name:	Date:	Approving Officer ID/Name: Date:
Title: <b>INITIAL REPORT</b>		
<p>On May 30, 2012, at approximately 2044 hours, I responded to 4649 Memorial Dr. at the United Inn &amp; Suites, room 320 in reference to a harassing communications call. Upon arrival I spoke with the complainant, Ms. Hillary Knight who advised me that she has been receiving unwanted messages regarding her performing sexual acts in exchange for money via handwritten messages and telephone.</p> <p>Ms. Knight advised the written message was placed on her door on Tuesday, May 29, 2012 between 1900 hours and 1930 hours. The phone calls started on Tuesday, May 29, 2012 around 2100 hours and she received the last phone call on this date around 2000 hours.</p> <p>Ms. Knight was given a case number.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 14-071126			
EVENT	Incident Type: 16-6-9 (4004) PROSTITUTION 16-6-9				Counts 1	Incident Code 4004	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY		
	Premise Type: United Inn & Suites				Weapon Type:	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 541	
	Date Report: 7/16/2014 5:36:00 PM Incident Start: 7/16/2014 5:36:00 PM Incident End: 7/16/2014 6:30:00 PM				Incident Location: 4649 Memorial DR 326 Decatur GA					
	Name (Last, First Middle):				Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:
	Address:				Home #:	Work #:	Cell #:	Email:		
	SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:									
	Occupation: Employer: Address:				Employer Phone:					
	Victim Type: Student: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name of Victim's School:				LEOKA Activity Type:			LEOKA Assignment Type:		
	Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
	SMTs:									
Relationship To Offenders:		(1) _____ (6) _____	(2) _____ (7) _____	(3) _____ (8) _____	(4) _____ (9) _____	(5) _____ (10) _____				
Offenses Involved:		(1) _____ (6) _____	(2) _____ (7) _____	(3) _____ (8) _____	(4) _____ (9) _____	(5) _____ (10) _____				
VICTIM	Name: Duff, Janine Andrea				Moniker:	DOB: 1986	Age: 27	Sex: F	Race: B	Ethnicity: N
	Address: 2488 Lakewood AVE Atlanta GA 30315-				Home Phone:	Work Phone:	Cell Phone:	Email:		
	SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:				D100-421-86-963-1 FL					
	Occupation: Employer: Address:				Employer Phone:					
	UNKNOWN OR NOT STAT									
	SMTs:									
	Offenses Involved:									
	(1) 16-6-9 (4004) PROSTITUTION 16-6-9 4004 (2) _____									
	(3) _____ (4) _____									
	(5) _____ (6) _____									
(7) _____ (8) _____										
(9) _____ (10) _____										
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>		SUSPECT ARMED: U		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
TOTAL NUMBER ARRESTED: 1		ARREST AT OR NEAR OFFENSE SCENE:		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>						
OFFENDER	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN \$0.00	RECOVERED \$0.00	CLOTHING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	STOLEN \$0.00	RECOVERED \$0.00	FIREARMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	STOLEN \$0.00	RECOVERED \$0.00	CONSUMABLE GOODS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	STOLEN \$0.00	RECOVERED \$0.00	LIVESTOCK	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	STOLEN \$0.00	RECOVERED \$0.00	OTHER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	STOLEN \$0.00	RECOVERED \$0.00	TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	GCIC ENTRY	<input type="checkbox"/> WARRANT	<input type="checkbox"/> MISSING PERSONS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> ARTICLE	<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES		
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine	<input type="checkbox"/> 2 - Barbiturate	<input type="checkbox"/> 3 - Cocaine	<input type="checkbox"/> 4 - Hallucinogen	<input type="checkbox"/> 5 - Heroin		
				<input type="checkbox"/> 6 - Marijuana	<input type="checkbox"/> 7 - Methamphetamine	<input type="checkbox"/> 8 - Opium	<input type="checkbox"/> 9 - Synthetic Narcotic	<input type="checkbox"/> U - Unknown		
REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input checked="" type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE: 07-16-2014	<input checked="" type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE				
REPORTING OFFICER: E MCCOWN	NUMBER: 2722	APPROVING OFFICER:	NUMBER:							

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 14-071126
Officer ID/Name:	Date:	Approving Officer ID/Name:	Date
Title: <b>INITIAL REPORT</b>			
<p>On Wednesday, July 16, 2014, the DeKalb County Police Department's Vice Unit conducted a police operation targeting females that engage in acts of prostitution by advertising escort services on backpage.com. At approximately 5:36 PM I called a female that posted an advertisement on backpage.com. The first picture of the ad was of a topless black female exposing her breasts but covering her nipples with her hands. The female was later identified to be Ms. Janine Duff.</p> <p>I called Ms. Duff and said that I wanted to spend thirty minutes with her. She said okay and told me that she was in a hotel on Memorial Drive near Interstate 285. I asked her exactly where she was and she told me that she would text me her address. As soon as we got off the phone she text me, "United In 4649 memorial drive decatur ga 30032." That is the address to the United Inn &amp; Suites, a hotel on Memorial Drive.</p> <p>About thirty minutes later I called Ms. Duff and told her that I was driving into the parking lot of the hotel. She told me that she was in Room 326.</p> <p>Approximately three minutes later I knocked on the door, and Ms. Duff, the same person that was featured in the backpage.com advertisement, answered the door wearing lingerie. I entered the room and Ms. Duff told me that thirty minutes of her time would cost me \$60. I said okay and took out three twenty dollar bills from the Official DeKalb County Investigative Fund. I asked Ms. Duff I could have "everything" for the \$60 and she said yes. She then asked me what I meant by everything, and said that she didn't have anal sex. I said, "Okay, head and pussy then?" She said yes. ("Head" and "Pussy" means Oral Sex and Vaginal Sex respectively.)</p> <p>Ms. Duff then said that I was paying for her time and companionship. While we were talking I saw a dresser drawer full of condoms.</p> <p>I handed Ms. Duff the three twenty dollar bills and she put them in her dresser drawer. Shortly after she took the money she was taken into custody for the crime of prostitution.</p> <p>Detective M. Johnson, #2183, found the money that I gave Ms. Duff in the top dresser drawer amidst the condoms. Sgt. H.L. Brannon, #1911, was in the room and saw two fifty dollar bills behind the television. Ms. Duff said that she wanted to take her money with her to jail, and Sgt. Brannon thought that she meant that money. He picked up two fifty dollar bills and knew immediately that they were counterfeit due to the texture of the money. He looked at the serial numbers on both fifty dollar bills and noticed that they were both the same, "1B 60911663A."</p> <p>Sgt. Brannon asked Ms. Duff where she got the money from. She said that she received the money from one of her clients, who passed it off on her. Sgt. Brannon took possession of the money and gave it to Detective McCown. It was placed into the property room as evidence.</p>			

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT								Case #: 14-073678			
EVENT	Incident Type: <b>PROSTITUTION 16-6-9</b>				Counts 1	Incident Code 4004	Offense Jurisdiction <b>COUNTY</b>		Arrest Jurisdiction		
	Premise Type: <b>UNITED INN &amp; SUITE</b>				Weapon Type: 03	Forcible: Y	Stranger To Stranger N	Hate Motivated: <input type="checkbox"/>	Loc Code: 561		
	Data Report: Incident Start: 7/23/2014 3:25:00 PM Incident End: 7/23/2014 3:15:00 PM Incident Location: 4649 MEMORIAL DR 239 DECATUR GA										
	Name (Last, First, Middle): <b>SAMUELS, DAMEKIA BRENDA</b>				Moniker:	DOB: <b>[REDACTED] -1995</b>	Age: <b>19</b>	Sex: <b>F</b>	Race: <b>B</b>	Ethnicity: <b>N</b>	
	Address: <b>3908 PINEHURST VALLEY DR DECATUR GA 30034-[REDACTED]</b>				Home #:	Work #:	Cell #:	Email:			
	SSN: <b>RESIDENT</b> Resident Status: <b>HGT: 501 WGT: 156 Hair Color: BLACK Hair Style: WAVEY Hair Length: MEDIUM Eye Color: BROWN</b>				OLN #: <b>057987333</b> State: <b>GA</b>						
	Occupation: Employer: Address:				Employer Phone:						
	Victim Type: Individual Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Name of Victim's School: _____				LEOKA Activity Type: _____			LEOKA Assignment Type: _____			
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
VICTIM	SMTs:										
	Relationship To Offenders:	(1) <b>OTHERWISE KNOW</b>	(2)	(3)	(4)	(5)					
	(6)	(7)	(8)	(9)	(10)						
	Offenses Involved:	(1) <b>4004</b>	(2)	(3)	(4)	(5)					
	(6)	(7)	(8)	(9)	(10)						
	Name: <b>Unknown</b>	Moniker: _____				DOB: _____	Age: _____	Sex: _____	Race: _____	Ethnicity: _____	
	Address: _____	Home Phone: _____			Work Phone: _____	Cell Phone: _____		Email: _____			
	SSN: <b>0</b> Resident Status: <b>HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State: GA</b>										
	Occupation: Employer: Address:							Employer Phone: _____			
	SMTs:										
Offenses involved:											
(1)			(2)								
(3)			(4)								
(5)			(6)								
(7)			(8)								
(9)			(10)								
WANTED: <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> SUSPECT ARMED: <b>Y</b> WEAPON: <b>HANDS</b>							Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
TOTAL NUMBER ARRESTED: <b>0</b> ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>											
OFFENDER	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS				
	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS				
	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL		
	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	STOLEN <b>\$0.00</b>	RECOVERED <b>\$0.00</b>	
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER										
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown										
	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE										
	REPORTING OFFICER <b>N H WILLIAMS</b>					NUMBER <b>2735</b>	APPROVING OFFICER			NUMBER	

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case # 14-073678
Officer ID/Name:	Date:	Approving Officer ID/Name:	Date:
Title: <b>INITIAL REPORT</b>			
<p>On 7/23/2014 at 3:36pm I was dispatched to 4649 Memorial Dr. United Inn and Suites room 239 for a rape call.</p> <p>See supplemental report for further information.</p>			

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>		Case #: 14-073678
Officer ID/Name:	Date:	Approving Officer ID/Name: Date:
Title: <b>SUPPLEMENTAL NARRATIVE</b>		
<p>Suspect#1- Street name "E". 30 year old, light skinned black male. Height 5' 10" 165-170lbs clean shaved, short hair, tattoo on left side of his face near or in hair line, wearing a grey short sleeve shirt and green cargo shorts.</p> <p>On 7/23/2014 at 3:36pm I was dispatched to 4649 Memorial Dr. United Inn and Suites room 239 for a rape call. I made contact with victim Dameka Samuels, who stated Suspect#1 raped her at 3:15pm. Ms. Samuels showed me her cell phone that had text messages from suspect#1. The messages read "(Him)Baby girl I want you to deep throat this dick and let your druel drop down to my balls while you rub them. (Him) how about \$50. (Her) kool. (Him) ok. (Her) where u at cuz im by myself." She said when he got there "his dick was hard and he was ready to go". Both suspect#1 and Ms. Samuels took all of their own clothes off. She asked him if he had the money, he stated I don't have it with me it's in the car. I can go get it when we're done. She said "He had a condom ready and put it on. He then forced me onto the bed and bent me over, faced down with my ASS in the air, and my face shoved into the pillow. He fucked me hard and fast. He stuck his dick into me, NOT my ASS! MY VAGINA!" She said it lasted only five minutes. He then told her I didn't know my account was overdrawn and he had no money. She said he ran to the bathroom and flushed the toilet. He got dressed real fast and ran out the door. She followed him but was unable to catch him. She then called the police. She had received another text from "E", stating I don't have the money now and that I will get U next time." She advised me that she only knew him as "E" and that they had sex for money two other times within a months' time frame, prior to this event. Ms. Samuels was seen by EMS but refused treatment. She was given a case number and instructions on how to obtain a report.</p> <p>Med. 79 responded but did not transport SVU DET. Russell #973 and Sgt. Love were notified and responded. They made contact with Ms. Samuels for further investigation. Per Sgt. Love the report name was changed to prostitution.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 15-079333			
<b>EVENT</b>	Incident Type: 16-6-9 (4004) Prostitution			Counts 1	Incident Code 4004	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY			
	Premise Type: <b>COMMERCIAL</b>	Weapon Type:		Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 250			
	Date Report: 8/12/2015 2:00:00 PM	Incident Start: 8/12/2015	Incident End: 8/12/2015	Incident Location: 4649 Memorial Drive Stone Mountain GA						
<b>VICTIM</b>	Name (Last, First Middle): State of Georgia			Moniker	DOB:	Age:	Sex:	Race:	Ethnicity:	
	Address Tucker Tucker GA 30084-			Home #:	Work #:	Cell #:	Email:			
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:	
Occupation:			Employer:			Address:			Employer Phone:	
Victim Type: <b>Government</b>			Student: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Victim's School			LEOKA Activity Type:	LEOKA Assignment Type:		
Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other						Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
SMTs:										
Relationship To Offenders:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1) 4004	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Name:	Smith, Tonisha Vernice			Moniker	DOB:	Age:	Sex:	Race:	Ethnicity:	
Address:	1428 Stone Ray Drive Atlanta GA 30331-			Home Phone:	Work Phone:	Cell Phone:	Email:			
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:	
	<b>RESIDENT</b>	507	175	BROWN	UNKNOWN	MEDIUM	BROWN	058883809	GA	
Occupation:	Employer			Address:			Employer Phone:			
SMTs:										
Offenses Involved:										
(1) 16-6-9 (4004) Prostitution			4004			(2)				
(3)			(4)							
(5)			(6)							
(7)			(8)							
(9)			(10)							
WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED: N	WEAPON:			Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
TOTAL NUMBER ARRESTED: 1		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>								
<b>OFFENDER</b>	VEHICLES		CURRENCY, NOTES, ETC.		JEWELRY, PREC. METALS		FURS			
	STOLEN \$0.00	RECOVERED \$0.00	CLOTHING	OFFICE EQUIP.	TV, RADIO, ETC.	OTHER	HOUSEHOLD GOODS			
STOLEN \$0.00	RECOVERED \$0.00	FIREARMS	CONSUMABLE GOODS	LIVESTOCK	OTHER	TOTAL				
STOLEN \$0.00	RECOVERED \$0.00		\$0.00	\$0.00	\$0.00	\$0.00				
RECOVERED \$0.00			\$0.00	\$0.00	\$0.00	\$0.00				
PROPERTY										
<b>ADM.</b>	GOIC ENTRY		WARRANT	MISSING PERSONS	VEHICLE	ARTICLE	BOAT	GUN	SECURITIES	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DRUG</b>	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER									
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine	<input type="checkbox"/> 2 - Barbiturate	<input type="checkbox"/> 3 - Cocaine	<input type="checkbox"/> 4 - Hallucinogen	<input type="checkbox"/> 5 - Heroin			
<input type="checkbox"/> 6 - Marijuana	<input type="checkbox"/> 7 - Methamphetamine	<input type="checkbox"/> 8 - Opium	<input type="checkbox"/> 9 - Synthetic Narcotic	<input type="checkbox"/> U - Unknown						
REQUIRED DATA FIELDS FOR CLEARANCE REPORT		<input checked="" type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	08-12-2015	<input checked="" type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE		
REPORTING OFFICER Schofield t s			NUMBER 2876	APPROVING OFFICER Brannon h l	NUMBER 1911					

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>				Case #:
Officer ID/Name 2876	Date 8/13/2015 6:30:00 PM	Approving Officer ID/Name 1911	Brannon h l	15-079333
Title: INITIAL REPORT				
<p>On the afternoon of August 12, 2015 The DeKalb County Police Vice Unit conducted a prostitution operation at 4649 Memorial Drive (United Inn and Suites Hotel). While working in an undercover capacity along with Officer C. King #2984, I (Detective T.S. Schofield #2876) made contact with a female via telephone after locating an advertisement on website "backpage.com." The backpage advertisement displayed exotics picture of a black female and telephone number (██████████) listed underneath.</p> <p>Upon myself and Officer C. King #2984 meeting the female later identified as (Tonisha Smith). Ms. Smith and I conversed verbally and through text via telephone about meeting up. The conversation entailed when she would be available, where she's located, prices of her services, etc. Ms. Smith advised that she was located at 4649 Memorial Drive (United Inn and Suites in room #101). In addition, she would be available at 4:00p.m and for an hour of sexual intercourse the price would be \$150 (for two people).</p> <p>I told her verbally that I would be bringing my boyfriend and that I would call her once we were approaching the exit. Approximately 15 minutes later, I called Ms. Smith via cellular phone and told her that we were approaching the hotel. Ms. Smith stated that she was in traffic due to an accident and that she would be at the hotel shortly. She later texted via telephone asking kind of vehicle I was driving and stated that she was in a silver Honda.</p> <p>Moments later, Officer C. King #2984 and I observed a gray Honda Accord occupied by two females coming from the rear of the hotel. The female on the passenger side (Tonisha Smith) waved her hand and exited out of the vehicle. Ms. Smith walked towards our vehicle as Officer C. King and I were exiting the vehicle. She stated "Hello" to the both of us and apologized for the delay. We all walked towards the hotel room door that displayed 101. Upon arriving, Ms. Smith could not locate the room key, therefore, she stated "Please don't leave have to go to the front office to get another key." I replied, "Ok, not a problem." She later walked back to the hotel room with a key and opened the door. Both Officer C. King and I proceeded to walk inside the hotel room.</p> <p>I asked Ms. Smith what was off limits regarding the sexual encounter. She stated, "Nothing" I replied, "Ok great" She stated, "I use a condom for everything including oral sex." She confirmed the price of \$150 for an hour and I reached in my pocket and gave her \$160 (derived from DeKalb County Investigative Funds). Ms. Smith stated, "Get comfortable, and let me turn the air on for yall." She asked, "Do yall smoke? I like to smoke weed." I responded, "No." She stated, "You are so beautiful and yall both look so professional." I replied, "Thank-You" I stated, "It's all for his birthday." We wanted to do something different and exotic." She responded, "It's nothing wrong with that, I am glad yall found my ad and picked me." Ms. Smith removed her clothing as we continued to converse. Officer C. King and I walked towards the hotel door and took off our shoes.</p> <p>Shortly thereafter, the arrest team knocked on the door and Officer C. King opened the door. Ms. Smith was taken into custody without incident and transported to DeKalb County Jail Intake where she was lodged under the charge prostitution (warrant number 15-079333)</p>				

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT								Case #: 15-084328	
EVENT	Incident Type: 16-6-2 (1104) Aggravated sodomy	Counts 1	Incident Code 1104	Offense Jurisdiction COUNTY	Arrest Jurisdiction				
	16-8-41 (1207) Armed robbery - residence - gun	1	1207	COUNTY					
	16-5-21 (1314) Aggravated assault - gun	1	1314	COUNTY					
	Premise Type: RESIDENCE	Weapon Type: 01	Forcible: Y	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 560			
	Date Report: 8/26/2015	Incident Start: 8:38:00 AM	Incident End: 8/26/2015 8:30:00 AM	Incident Location: 4649 MEMORIAL DR 120 DECATUR GA 30032-					
	Name (Last, First Middle): RICHARDSON, BRITTENY ANTIONETTE	Moniker:	DOB: 1987	Age: 27	Sex: F	Race: B	Ethnicity: N		
	Address: 4649 MEMORIAL DR 120 DECATUR GA 30032-	Home #:	Work #:	Cell #:	Email:				
	SSN: RESIDENT	HGT: 504	WGT: 135	Hair Color: BLACK	Hair Style:	Hair Length:	Eye Color: BROWN	OLN #: 053105423	State: GA
	Occupation:	Employer:	Address:						Employer Phone:
	Victim Type: Individual	Student: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Victim's School			LEOKA Activity Type:	LEOKA Assignment Type:		
Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other							Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
SMTs:									
Relationship To Offenders:	(1) STRANGER (6)	(2)	(3)	(4)	(5)	(9)	(10)		
Offenses Involved:	(1) 1104 (6)	(2) 1207 (7)	(3) 1314 (8)	(4) 1313 (9)	(5)	(10)			
Name: ID 3089 15-084328, UNKNOWN	Moniker:	DOB: 01	Age: 25	Sex: M	Race: B	Ethnicity: N			
Address:	Home Phone:	Work Phone:	Cell Phone:	Email:					
SSN: 601	Resident Status: 601	HGT: 150	WGT: BLACK	Hair Color: SHAVED	Hair Style: MEDIUM	Eye Color: BROWN	OLN #:	State:	
Occupation:	Employer:	Address:						Employer Phone:	
SMTs:									
Offenses Involved: (1) 16-6-2 (1104) Aggravated sodomy (2) 16-8-41 (1207) Armed robbery - residence - gun (3) 16-5-21 (1314) Aggravated assault - gun (4) 16-5-23.1 (1313) Battery (5) (6) (7) (8) (9) (10)									
WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input type="checkbox"/>	SUSPECT ARMED: Y	WEAPON: FIREARM	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
TOTAL NUMBER ARRESTED: 0	ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>								
OFFENDER	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
	STOLEN	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00		
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	CLOTHING								
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	FIREARMS								
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00		
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	CONSUMABLE GOODS      LIVESTOCK      OTHER      TOTAL								
REPORTING OFFICER Connors m a	NUMBER 3089	APPROVING OFFICER						NUMBER	
CLEAR DRUG									
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
CLEAR									
REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED    DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE									



DEKALB COUNTY POLICE DEPARTMENT GA0440200 ADDITIONAL OFFENDERS							Case #: 15-084328							
Name: TD 3089 15-084328, UNKNOWN	Moniker:	DOB:	Age: 01	Sex: 19	Race: M	Ethnicity: B								
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:									
SSN:	Resident Status: 508	HGT: 160	WGT: BLACK	Hair Color: BRAIDED	Hair Style: MEDIUM	Hair Length: BROWN	Eye Color:	OLN #:	State:					
Occupation:	Employer:		Address:		Employer Phone:									
SMTs:														
Offenses Involved:														
(1) 16-8-41 (1207) Armed robbery - residence - gun	1207		(2)											
(3)			(4)											
(5)			(6)											
(7)			(8)											
(9)			(10)											
WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input type="checkbox"/>	SUSPECT ARMED: <input checked="" type="checkbox"/> U	WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer								
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown										
Name:	Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:								
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:									
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:					
Occupation:	Employer:		Address:		Employer Phone:									
SMTs:														
Offenses Involved:														
(1)			(2)											
(3)			(4)											
(5)			(6)											
(7)			(8)											
(9)			(10)											
WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input type="checkbox"/>	SUSPECT ARMED:	WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer								
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown										
Name:	Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:								
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:									
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:					
Occupation:	Employer:		Address:		Employer Phone:									
SMTs:														
Offenses Involved:														
(1)			(2)											
(3)			(4)											
(5)			(6)											
(7)			(8)											
(9)			(10)											
WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input type="checkbox"/>	SUSPECT ARMED:	WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer								
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown										



<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>				Case #: 15-084328
Officer ID/Name: 3089	Date: 8/26/2015 9:24:46 AM	Approving Officer ID/Name:	Date:	
Title: INITIAL REPORT				
<p>Suspect # 1: Black male, light complexion, 6'1", slim build, 150 lbs., 19-25 years of age, black baseball cap w/white writing, wearing grey T-shirt w/black writing, blue jeans, armed with black semi-automatic handgun (possible Glock).</p> <p>Suspect # 2: Black male, dark complexion, 5'8", 160 lbs., dread locks, black baseball cap, all black clothing, 19-25 years of age, unknown if armed.</p> <p>On August 26, 2015 at approximately 8:40 a.m., I was dispatched a call to 4649 Memorial Dr (United Inn), Room # 120, Decatur, GA, in reference to an armed robbery that just occurred call.</p> <p>The comments stated that the above suspects attempted to sexually assault the victim and stole \$100 dollars.</p> <p>Upon my arrival I met with the complainant/victim, Ms. Brittney Richardson. Ms. Richardson stated that suspect # 1 assaulted her with a handgun, forced her to perform sodomy and took \$100 dollars in cash.</p> <p>Ms. Richardson stated that she received a phone call from who she believed to be the above suspects. She stated that she didn't know who they were and told them that they had the wrong number. She stated that a short while later someone knocked on the door and she answered it. Ms. Richardson stated that she opened the door without looking to see who it was because she thought it was her boyfriend and thought that he had forgotten his room key. She then stated that suspect # 1 and # 2 came inside. Ms. Richardson stated that suspect # 1 struck her on the left side of the face near her temple with a black handgun. She stated that he asked her "Where is the money", and she told them that she only had \$100 dollars to pay for the room. Ms. Richardson stated that they ransacked the room pulling out dresser drawers looking for money. She stated that suspect # 1 told her that since she didn't have any money she was going to give him something. Ms. Richardson stated that she begged him not to kill her and told him that she would do anything. She stated that suspect # 1 took a condom from her nightstand, put it on his penis and forced her to perform oral sodomy. While in the act, Ms. Richardson stated that her neighbor's 5 year old daughter knocked on the window asking for her Marta Breeze card so her mother could take her to school. Ms. Richardson stated that suspect # 1 made her check to see who was knocking on the window. She stated that when she showed them that it was her neighbor's 5 year old daughter suspect # 1 stated that "This ain't right". They both then ran out of the room in separate directions. Ms. Richardson stated suspect # 1 fled in the northbound direction across the street and got into a small grey vehicle. Suspect # 2 fled behind the business in the southbound direction.</p> <p>Ms. Richardson refused treatment by EMS. I broadcasted the suspect's description over the radio and notified Special Victims Unit Detective Dargon # 981 and advised him of the incident. Detective Dargon responded to the incident location and the case was turned over to SVU. Ms. Richardson was issued a case number.</p>				

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 15-084328			
<b>EVENT</b>	Incident Type: 16-6-2 (1104) Aggravated sodomy 16-8-41 (1207) Armed robbery - residence - gun 16-5-21 (1314) Aggravated assault - gun			Counts 1 1 1	Incident Code 1104 1207 1314	Offense Jurisdiction COUNTY COUNTY COUNTY	Arrest Jurisdiction			
	Premise Type: <b>RESIDENCE</b>	Weapon Type: 01	Forcible: <input checked="" type="checkbox"/> Y	Stranger To Stranger: <input checked="" type="checkbox"/> Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 560				
Date Report: Incident Start: Incident End: Incident Location: 8/26/2015 8:38:00 AM 8/26/2015 8:30:00 AM 8/26/2015 8:37:00 AM 4649 MEMORIAL DR 120 DECATUR GA 30032-										
<b>VICTIM</b>	Name (Last, First, Middle): <b>RICHARDSON, BRITTENY ANTIONETTE</b>			Moniker:	DOB: -1987	Age: 27	Sex: F	Race: B	Ethnicity: N	
	Address <b>4649 MEMORIAL DR 120 DECATUR GA 30032-</b>		Home #: _____	Work #: _____	Cell #: _____	Email: _____				
SSN: Resident Status: <b>RESIDENT</b>		HGT: <b>504</b>	WGT: <b>135</b>	Hair Color: <b>BLACK</b>	Hair Style: _____	Hair Length: _____	Eye Color: <b>BROWN</b>	OLN #: <b>053105423</b>	State: <b>GA</b>	
Occupation: _____		Employer: _____		Address: _____		Employer Phone: _____				
Victim Type: <b>Individual</b>		Student: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Victim's School		LEOKA Activity Type:			LEOKA Assignment Type:		
Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
SMTs: _____										
Relationship To Offenders:	(1) <b>STRANGER</b>	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____
Offenses Involved:	(1) <b>1104</b>	(2) <b>1207</b>	(3) <b>1314</b>	(4) <b>1313</b>	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____
Name: <b>ID 3089 15-084328, UNKNOWN</b>	Moniker			DOB: 01	Age: 25	Sex: M	Race: B	Ethnicity: N		
Address	Home Phone: _____			Work Phone: _____	Cell Phone: _____	Email: _____				
SSN: Resident Status: <b>RESIDENT</b>	HGT: <b>601</b>	WGT: <b>150</b>	Hair Color: <b>BLACK</b>	Hair Style: <b>SHAVED</b>	Hair Length: <b>MEDIUM</b>	Eye Color: <b>BROWN</b>	OLN #: _____	State: _____		
Occupation: _____	Employer: _____		Address: _____		Employer Phone: _____					
SMTs: _____										
Offenses Involved: (1) <b>16-6-2 (1104) Aggravated sodomy</b> (2) <b>16-8-41 (1207) Armed robbery - residence - gun</b> (1207) (3) <b>16-5-21 (1314) Aggravated assault - gun</b> (4) <b>16-5-23.1 (1313) Battery</b> (1313) (5) _____      (6) _____ (7) _____      (8) _____ (9) _____      (10) _____										
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>	SUSPECT ARMED: <input checked="" type="checkbox"/> Y	WEAPON: <b>FIREARM</b>		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
TOTAL NUMBER ARRESTED: <b>0</b>	ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>									
<b>PROPERTY</b>	VEHICLES	CURRENCY, NOTES, ETC	JEWELRY, PREC METALS	FURS						
	STOLEN \$0.00 RECOVERED \$0.00 CLOTHING	\$100.00 \$0.00 OFFICE EQUIP	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 HOUSEHOLD GOODS						
FIREARMS	CONSUMABLE GOODS	LIVESTOCK	OTHER	TOTAL						
STOLEN \$0.00 RECOVERED \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$100.00 \$0.00						
ADM. GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES										
DRUG CLEAR	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER _____ YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE			
REPORTING OFFICER Connors m a	NUMBER 3089	APPROVING OFFICER				NUMBER				



DEKALB COUNTY POLICE DEPARTMENT GA0440200 ADDITIONAL OFFENDERS							Case #: 15-084328					
Name: TD 3089 15-084328, UNKNOWN							Moniker:	DOB:	Age: 01	Sex: 19	Race: B	Ethnicity: N
Address:							Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:			
		508	160	BLACK	BRAIDED	MEDIUM	BROWN					
Occupation:							Employer:	Address:			Employer Phone:	
SMTs:												
Offenses Involved:												
(1) 16-B-41 (1207) Armed robbery - residence - gun							1207	(2)				
(3)								(4)				
(5)								(6)				
(7)								(8)				
(9)								(10)				
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>			SUSPECT ARMED:	U	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin	<input type="checkbox"/> 5 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown							
Name:							Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:
Address:							Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:			
Occupation:							Employer:	Address:			Employer Phone:	
SMTs:												
Offenses Involved:												
(1)							(2)					
(3)							(4)					
(5)							(6)					
(7)							(8)					
(9)							(10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>			SUSPECT ARMED:		WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin	<input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown							
Name:							Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:
Address:							Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:			
Occupation:							Employer:	Address:			Employer Phone:	
SMTs:												
Offenses Involved:												
(1)							(2)					
(3)							(4)					
(5)							(6)					
(7)							(8)					
(9)							(10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>			SUSPECT ARMED:		WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin	<input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown							



<b>DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE</b>		Case # 15-084328
Officer ID/Name: 3089	Date: 8/26/2015 9:24:46 AM	Approving Officer ID/Name:
Title: INITIAL REPORT		
<p><b>Suspect # 1:</b> Black male, light complexion, 6'1", slim build, 150 lbs., 19-25 years of age, black baseball cap w/white writing, wearing grey T-shirt w/black writing, blue jeans, armed with black semi-automatic handgun (possible Glock).</p> <p><b>Suspect # 2:</b> Black male, dark complexion, 5'8", 160 lbs., dread locks, black baseball cap, all black clothing, 19-25 years of age, unknown if armed.</p> <p>On August 26, 2015 at approximately 8:40 a.m., I was dispatched a call to 4649 Memorial Dr (United Inn), Room # 120, Decatur, GA, in reference to an armed robbery that just occurred call.</p> <p>The comments stated that the above suspects attempted to sexually assault the victim and stole \$100 dollars.</p> <p>Upon my arrival I met with the complainant/victim, Ms. Brittney Richardson. Ms. Richardson stated that suspect # 1 assaulted her with a handgun, forced her to perform sodomy and took \$100 dollars in cash.</p> <p>Ms. Richardson stated that she received a phone call from who she believed to be the above suspects. She stated that she didn't know who they were and told them that they had the wrong number. She stated that a short while later someone knocked on the door and she answered it. Ms. Richardson stated that she opened the door without looking to see who it was because she thought it was her boyfriend and thought that he had forgotten his room key. She then stated that suspect # 1 and # 2 came inside. Ms. Richardson stated that suspect # 1 struck her on the left side of the face near her temple with a black handgun. She stated that he asked her "Where is the money", and she told them that she only had \$ 100 dollars to pay for the room. Ms. Richardson stated that they ransacked the room pulling out dresser drawers looking for money. She stated that suspect # 1 told her that since she didn't have any money she was going to give him something. Ms. Richardson stated that she begged him not to kill her and told him that she would do anything. She stated that suspect # 1 took a condom from her nightstand, put it on his penis and forced her to perform oral sodomy. While in the act, Ms. Richardson stated that her neighbor's 5 year old daughter knocked on the window asking for her Marta Breeze card so her mother could take her to school. Ms. Richardson stated that suspect # 1 made her check to see who was knocking on the window. She stated that when she showed them that it was her neighbor's 5 year old daughter suspect # 1 stated that "This ain't right". They both then ran out of the room in separate directions. Ms. Richardson stated suspect # 1 fled in the northbound direction across the street and got into a small grey vehicle. Suspect # 2 fled behind the business in the southbound direction.</p> <p>Ms. Richardson refused treatment by EMS. I broadcasted the suspect's description over the radio and notified Special Victims Unit Detective Dargon # 981 and advised him of the incident. Detective Dargon responded to the incident location and the case was turned over to SVU. Ms. Richardson was issued a case number.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT								Case #: 15-084328					
EVENT	Incident Type: 16-6-2 (1104) Aggravated sodomy 16-8-41 (1207) Armed robbery - residence - gun 16-5-21 (1314) Aggravated assault - gun				Counts 1	Incident Code 1104	Offense Jurisdiction COUNTY	Arrest Jurisdiction					
	Premise Type: RESIDENCE	Weapon Type: 01	Forcible: Y	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 560							
	Date Report: 8/26/2015 8:38:00 AM	Incident Start: 8/26/2015 8:30:00 AM	Incident End: 8/26/2015 8:37:00 AM	Incident Location: 4649 MEMORIAL DR 120 DECATUR GA 30032-									
	Name (Last, First Middle): RICHARDSON, BRITTENY ANTIONETTE				Moniker:	DOB: 1987	Age: 27	Sex: F	Race: B	Ethnicity: N			
	Address: 1649 MEMORIAL DR 120 DECATUR GA 30032-				Home #:	Work #:	Cell #:	Email: [REDACTED]					
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 135	Hair Color: BLACK	Hair Style:	Hair Length:	Eye Color: BROWN	DLN #: 053105423	State: GA			
	Occupation:	Employer:	Address:				Employer Phone:						
	Victim Type: Individual	Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School			LEOKA Activity Type:		LEOKA Assignment Type:					
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other					Used: <input type="checkbox"/>	Drugs: <input type="checkbox"/>	Alcohol: <input type="checkbox"/>	Computer: <input type="checkbox"/>				
	SMTs:												
Relationship To Offenders:	(1) STRANGER (6)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)			
Offenses Involved:	(1) 1104 (6)	(2) 1207 (7)	(3) 1314 (8)	(4) 1313 (9)	(5)	(10)							
Name: ID 3089 15-084328, UNKNOWN	Moniker:	DOB: 01	Age: 25	Sex: M	Race: B	Ethnicity: N							
Address:	Home Phone:	Work Phone:	Cell Phone: [REDACTED]	Email: [REDACTED]									
SSN:	Resident Status: 601	HGT: 150	WGT: BLACK	Hair Color: SHAVED	Hair Style:	Hair Length: MEDIUM	Eye Color: BROWN	DLN #:	State:				
Occupation:	Employer:	Address:				Employer Phone:							
SMTs:													
Offenses Involved:													
(1) 16-6-2 (1104) Aggravated sodomy (3) 16-5-21 (1314) Aggravated assault - gun (5) (7) (9)	1104 1314	(2) 16-8-41 (1207) Armed robbery - residence - gun (4) 16-5-23.1 (1313) Battery (6) (8) (10)	1207 1313										
WANTED: <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/>	SUSPECT ARMED: <input checked="" type="checkbox"/> Y	WEAPON: FIREARM	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										
TOTAL NUMBER ARRESTED: 0	ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>												
OFFENDER	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS						
	STOLEN	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00						
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
	CLOTHING												
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
	OFFICE EQUIP.												
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
	FIREARMS												
CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL							
STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00							
RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
PROPERTY													
ADM.	GCIC ENTRY		<input type="checkbox"/> WARRANT		<input type="checkbox"/> MISSING PERSONS		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> ARTICLE		<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown												
	REPORTING OFFICER Connors m a	REQUIRED DATA FIELDS FOR CLEARANCE REPORT		<input type="checkbox"/> CLEARED BY ARREST		<input type="checkbox"/> EXCEPTIONALLY CLEARED		<input type="checkbox"/> UNFOUNDED		DATE OF CLEARANCE		<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE
	NUMBER 3089	APPROVING OFFICER		NUMBER 3089									



<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>ADDITIONAL OFFENDERS</b>							Case #: 15-084328					
Name: TD 3089 15-084328, UNKNOWN							Moniker	DOB	Age:	Sex:	Race:	Ethnicity:
							01	19	M	B	N	
Address:							Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:		
			508	160	BLACK	BRAIDED	MEDIUM	BROWN				
Occupation:							Employer:	Address:			Employer Phone:	
SMTs:												
(1) 16-8-41 (1207) Armed robbery - residence - gun							Offenses Involved: 1207 (2) (3) (4) (5) (6) (7) (8) (9) (10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>							SUSPECT ARMED: U	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown					
Name:							Moniker	DOB	Age:	Sex:	Race:	Ethnicity:
Address:							Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:		
Occupation:							Employer:	Address:			Employer Phone:	
SMTs:												
(1) (3) (5) (7) (9)							Offenses Involved: (2) (4) (6) (8) (10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>							SUSPECT ARMED:	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown					
Name:							Moniker	DOB	Age:	Sex:	Race:	Ethnicity:
Address:							Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:		
Occupation:							Employer:	Address:			Employer Phone:	
SMTs:												
(1) (3) (5) (7) (9)							Offenses Involved: (2) (4) (6) (8) (10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>							SUSPECT ARMED:	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown					



<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 15-084328
Officer ID/Name: 3089	Date: 8/26/2015 9:24:46 AM	Approving Officer ID/Name:	Date:
Title: INITIAL REPORT			
<p>Suspect # 1: Black male, light complexion, 6'1", slim build, 150 lbs., 19-25 years of age, black baseball cap w/white writing, wearing grey T-shirt w/black writing, blue jeans, armed with black semi-automatic handgun (possible Glock).</p> <p>Suspect # 2: Black male, dark complexion, 5'8", 160 lbs., dread locks, black baseball cap, all black clothing, 19-25 years of age, unknown if armed.</p> <p>On August 26, 2015 at approximately 8:40 a.m., I was dispatched a call to 4649 Memorial Dr (United Inn), Room # 120, Decatur, GA, in reference to an armed robbery that just occurred call.</p> <p>The comments stated that the above suspects attempted to sexually assault the victim and stole \$100 dollars.</p> <p>Upon my arrival I met with the complainant/victim, Ms. Brittney Richardson. Ms. Richardson stated that suspect # 1 assaulted her with a handgun, forced her to perform sodomy and took \$100 dollars in cash.</p> <p>Ms. Richardson stated that she received a phone call from who she believed to be the above suspects. She stated that she didn't know who they were and told them that they had the wrong number. She stated that a short while later someone knocked on the door and she answered it. Ms. Richardson stated that she opened the door without looking to see who it was because she thought it was her boyfriend and thought that he had forgotten his room key. She then stated that suspect # 1 and # 2 came inside. Ms. Richardson stated that suspect # 1 struck her on the left side of the face near her temple with a black handgun. She stated that he asked her "Where is the money", and she told them that she only had \$ 100 dollars to pay for the room. Ms. Richardson stated that they ransacked the room pulling out dresser drawers looking for money. She stated that suspect # 1 told her that since she didn't have any money she was going to give him something. Ms. Richardson stated that she begged him not to kill her and told him that she would do anything. She stated that suspect # 1 took a condom from her nightstand, put it on his penis and forced her to perform oral sodomy. While in the act, Ms. Richardson stated that her neighbor's 5 year old daughter knocked on the window asking for her Marta Breeze card so her mother could take her to school. Ms. Richardson stated that suspect # 1 made her check to see who was knocking on the window. She stated that when she showed them that it was her neighbor's 5 year old daughter suspect # 1 stated that "This ain't right". They both then ran out of the room in separate directions. Ms. Richardson stated suspect # 1 fled in the northbound direction across the street and got into a small grey vehicle. Suspect # 2 fled behind the business in the southbound direction.</p> <p>Ms. Richardson refused treatment by EMS. I broadcasted the suspect's description over the radio and notified Special Victims Unit Detective Dargon # 981 and advised him of the incident. Detective Dargon responded to the incident location and the case was turned over to SVU. Ms. Richardson was issued a case number.</p>			

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT								Case #: 15-084328																																													
EVENT	Incident Type: 16-6-2 (1104) Aggravated sodomy 16-8-41 (1207) Armed robbery - residence - gun 16-5-21 (1314) Aggravated assault - gun				Counts 1 1 1	Incident Code 1104 1207 1314	Offense Jurisdiction COUNTY COUNTY COUNTY	Arrest Jurisdiction																																													
	Premise Type: RESIDENCE				Weapon Type: 01	Forcible: Y	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 560																																												
	Date Report:		Incident Start:		Incident End:	Incident Location: 8/26/2015 8:38:00 AM 8/26/2015 8:30:00 AM 8/26/2015 8:37:00 AM 1649 MEMORIAL DR 120 DECATUR GA 30032-																																															
	Name (Last, First Middle): RICHARDSON, BRITTENY ANTIONETTE				Moniker:	DOB: 1987	Age: 27	Sex: F	Race: B	Ethnicity: N																																											
	Address				Home #:	Work #:	Cell #:	Email: ██████████																																													
	4649 MEMORIAL DR 120 DECATUR GA 30032-																																																				
	SSN:		Resident Status: RESIDENT	HGT: 504	WGT: 135	Hair Color: BLACK	Hair Style:	Hair Length:	Eye Color: BROWN	OLN #: 053105423	State: GA																																										
	Occupation:		Employer:		Address:				Employer Phone:																																												
	Victim Type: Individual		Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School			LEOKA Activity Type:		LEOKA Assignment Type:																																												
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other						Used:	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																																													
SMTs:																																																					
Relationship To Offenders:		(1) STRANGER (6)	(2)	(3)	(4)	(5)																																															
Offenses Involved:		(1) 1104 (6)	(2) 1207 (7)	(3) 1314 (8)	(4) 1313 (9)	(5)	(10)																																														
Name:		ID 3089 15-084328, UNKNOWN		Moniker:	DOB:	Age: 01	Sex: M	Race: B	Ethnicity: N																																												
Address:				Home Phone:	Work Phone:	Cell Phone: ██████████	Email:																																														
SSN:		Resident Status: 601	HGT: 150	Hair Color: BLACK	Hair Style: SHAVED	Hair Length: MEDIUM	Eye Color: BROWN	OLN #:	State:																																												
Occupation:		Employer:		Address:				Employer Phone:																																													
SMTs:																																																					
Offenses Involved: (1) 16-6-2 (1104) Aggravated sodomy 1104 (2) 16-8-41 (1207) Armed robbery - residence - gun 1207 (3) 16-5-21 (1314) Aggravated assault - gun 1314 (4) 16-5-23.1 (1313) Battery 1313 (5) (7) (9)																																																					
WANTED:		<input type="checkbox"/>	WARRANT:	<input type="checkbox"/>	ARREST:	<input type="checkbox"/>	SUSPECT ARMED:	<input checked="" type="checkbox"/> Y	WEAPON:	FIREARM																																											
TOTAL NUMBER ARRESTED:		0	ARREST AT OR NEAR OFFENSE SCENE:		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>	Used:																																												
PROPERTY		VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS																																													
<table border="1"> <tr><td>STOLEN</td><td>\$0.00</td></tr> <tr><td>RECOVERED</td><td>\$0.00</td></tr> <tr><td colspan="2">CLOTHING</td></tr> <tr><td>STOLEN</td><td>\$0.00</td></tr> <tr><td>RECOVERED</td><td>\$0.00</td></tr> <tr><td colspan="2">FIREARMS</td></tr> <tr><td>STOLEN</td><td>\$0.00</td></tr> <tr><td>RECOVERED</td><td>\$0.00</td></tr> </table>		STOLEN	\$0.00	RECOVERED	\$0.00	CLOTHING		STOLEN	\$0.00	RECOVERED	\$0.00	FIREARMS		STOLEN	\$0.00	RECOVERED	\$0.00	<table border="1"> <tr><td>\$100.00</td></tr> <tr><td>\$0.00</td></tr> <tr><td colspan="2">OFFICE EQUIP.</td></tr> <tr><td>\$0.00</td></tr> <tr><td>\$0.00</td></tr> <tr><td colspan="2">CONSUMABLE GOODS</td></tr> <tr><td>\$0.00</td></tr> <tr><td>\$0.00</td></tr> </table>		\$100.00	\$0.00	OFFICE EQUIP.		\$0.00	\$0.00	CONSUMABLE GOODS		\$0.00	\$0.00	<table border="1"> <tr><td>\$0.00</td></tr> <tr><td>\$0.00</td></tr> <tr><td colspan="2">TV, RADIO, ETC</td></tr> <tr><td>\$0.00</td></tr> <tr><td>\$0.00</td></tr> <tr><td colspan="2">LIVESTOCK</td></tr> <tr><td>\$0.00</td></tr> <tr><td>\$0.00</td></tr> </table>		\$0.00	\$0.00	TV, RADIO, ETC		\$0.00	\$0.00	LIVESTOCK		\$0.00	\$0.00	<table border="1"> <tr><td>\$0.00</td></tr> <tr><td>\$0.00</td></tr> <tr><td colspan="2">OTHER</td></tr> <tr><td>\$0.00</td></tr> <tr><td>\$0.00</td></tr> <tr><td colspan="2">TOTAL</td></tr> <tr><td>\$100.00</td></tr> <tr><td>\$0.00</td></tr> </table>		\$0.00	\$0.00	OTHER		\$0.00	\$0.00	TOTAL		\$100.00	\$0.00
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ADM.		GCIC ENTRY		<input type="checkbox"/> WARRANT	<input type="checkbox"/> MISSING PERSONS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> ARTICLE	<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES																																											
DRUG		OID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown																																																			
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REPORTING OFFICER				NUMBER	APPROVING OFFICER		NUMBER																																														
Connors m a				3089																																																	



DEKALB COUNTY POLICE DEPARTMENT GA0440200 ADDITIONAL OFFENDERS							Case # 15-084328						
Name: TD 3089 15-084328, UNKNOWN							Moniker:	DOB:	Age: 01	Sex: 19	Race: B	Ethnicity: N	
Address:			Home Phone:		Work Phone:		Cell Phone:		Email:				
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:				
		508	160	BLACK	BRAIDED	MEDIUM	BROWN						
Occupation:	Employer:		Address:			Employer Phone:							
SMTs:													
Offenses Involved:													
(1) 16-8-41 (1207) Armed robbery - residence - gun				1207		(2)							
(3)						(4)							
(5)						(6)							
(7)						(8)							
(9)						(10)							
WANTED:	<input type="checkbox"/>	WARRANT:	<input type="checkbox"/>	ARREST:	<input type="checkbox"/>	SUSPECT ARMED:	U	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown								
Name:			Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:					
Address:			Home Phone:	Work Phone:	Cell Phone:	Email:							
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:				
Occupation:	Employer:		Address:			Employer Phone:							
SMTs:													
Offenses Involved:													
(1)						(2)							
(3)						(4)							
(5)						(6)							
(7)						(8)							
(9)						(10)							
WANTED:	<input type="checkbox"/>	WARRANT:	<input type="checkbox"/>	ARREST:	<input type="checkbox"/>	SUSPECT ARMED:		WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown								
Name:			Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:					
Address:			Home Phone:	Work Phone:	Cell Phone:	Email:							
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:				
Occupation:	Employer:		Address:			Employer Phone:							
SMTs:													
Offenses Involved:													
(1)						(2)							
(3)						(4)							
(5)						(6)							
(7)						(8)							
(9)						(10)							
WANTED:	<input type="checkbox"/>	WARRANT:	<input type="checkbox"/>	ARREST:	<input type="checkbox"/>	SUSPECT ARMED:		WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown								

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case #: 15-084328
Class: B	Description: Currency, notes, etc.	Status: S	
Make:	Model:	Serial:	
Property Location: SUSPECT	QTY: 1	Value: \$100.00	UCR Code: 1207
Related To: RICHARDSON, BRITTENY ANTIONETTE	Data Recovered:	Recovery Code:	Jurisdiction Stolen: 2
Class:	Description:	Status:	
Make:	Model:	Serial:	
Property Location:	QTY:	Value:	UCR Code:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Stolen:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Recovered:
Class:	Description:	Status:	
Make:	Model:	Serial:	
Property Location:	QTY:	Value:	UCR Code:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Stolen:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Recovered:
Class:	Description:	Status:	
Make:	Model:	Serial:	
Property Location:	QTY:	Value:	UCR Code:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Stolen:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Recovered:
Class:	Description:	Status:	
Make:	Model:	Serial:	
Property Location:	QTY:	Value:	UCR Code:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Stolen:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Recovered:
Class:	Description:	Status:	
Make:	Model:	Serial:	
Property Location:	QTY:	Value:	UCR Code:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Stolen:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Recovered:
Class:	Description:	Status:	
Make:	Model:	Serial:	
Property Location:	QTY:	Value:	UCR Code:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Stolen:
Related To:	Data Recovered:	Recovery Code:	Jurisdiction Recovered:
Class:	Description:	Status:	
Make:	Model:	Serial:	
Property Location:	QTY:	Value:	UCR Code:
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Recovered:
Class:	Description:	Status:	
Make:	Model:	Serial:	
Property Location:	QTY:	Value:	UCR Code:
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Recovered:

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 15-084328
Officer ID/Name 3089	Date 8/26/2015 9:24:46 AM	Approving Officer ID/Name	Date
Title: INITIAL REPORT			
<p>Suspect # 1: Black male, light complexion, 6'1", slim build, 150 lbs., 19-25 years of age, black baseball cap w/white writing, wearing grey T-shirt w/black writing, blue jeans, armed with black semi-automatic handgun (possible Glock).</p> <p>Suspect # 2: Black male, dark complexion, 5'8", 160 lbs., dread locks, black baseball cap, all black clothing, 19-25 years of age, unknown if armed.</p> <p>On August 26, 2015 at approximately 8:40 a.m., I was dispatched a call to 4649 Memorial Dr (United Inn), Room # 120, Decatur, GA, in reference to an armed robbery that just occurred call.</p> <p>The comments stated that the above suspects attempted to sexually assault the victim and stole \$100 dollars.</p> <p>Upon my arrival I met with the complainant/victim, Ms. Britney Richardson. Ms. Richardson stated that suspect # 1 assaulted her with a handgun, forced her to perform sodomy and took \$100 dollars in cash.</p> <p>Ms. Richardson stated that she received a phone call from who she believed to be the above suspects. She stated that she didn't know who they were and told them that they had the wrong number. She stated that a short while later someone knocked on the door and she answered it. Ms. Richardson stated that she opened the door without looking to see who it was because she thought it was her boyfriend and thought that he had forgotten his room key. She then stated that suspect # 1 and # 2 came inside. Ms. Richardson stated that suspect # 1 struck her on the left side of the face near her temple with a black handgun. She stated that he asked her "Where is the money", and she told them that she only had \$100 dollars to pay for the room. Ms. Richardson stated that they ransacked the room pulling out dresser drawers looking for money. She stated that suspect # 1 told her that since she didn't have any money she was going to give him something. Ms. Richardson stated that she begged him not to kill her and told him that she would do anything. She stated that suspect # 1 took a condom from her nightstand, put it on his penis and forced her to perform oral sodomy. While in the act, Ms. Richardson stated that her neighbor's 5 year old daughter knocked on the window asking for her Marta Breeze card so her mother could take her to school. Ms. Richardson stated that suspect # 1 made her check to see who was knocking on the window. She stated that when she showed them that it was her neighbor's 5 year old daughter suspect # 1 stated that "This ain't right". They both then ran out of the room in separate directions. Ms. Richardson stated suspect # 1 fled in the northbound direction across the street and got into a small grey vehicle. Suspect # 2 fled behind the business in the southbound direction.</p> <p>Ms. Richardson refused treatment by EMS. I broadcasted the suspect's description over the radio and notified Special Victims Unit Detective Dargon # 981 and advised him of the incident. Detective Dargon responded to the incident location and the case was turned over to SVU. Ms. Richardson was issued a case number.</p>			

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 16-126690						
EVENT	Incident Type: 16-5-23 (1313) Simple battery				Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY					
	Premise Type: COMMERCIAL				Weapon Type: 03	Forcible: Y	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 520				
	Date Report: 12/25/2016 4:03:01 AM				Incident Start: 12/25/2016 3:53:05 AM	Incident End: 12/25/2016 4:03:11 AM	Incident Location: 4649 MEMORIAL DR 40 DECATUR GA 30032-						
	Name (Last, First Middle): ANDERSON, HORATIA				Monitor:	DOB: -1997	Age: 19	Sex: F	Race: B	Ethnicity: N			
	Address: 4649 MEMORIAL DR 40 DECATUR GA 30032-				Home #:	Work #:	Cell #:	Email:					
	SSN: Resident Status: NON-RESIDENT				HGT: 502	WGT: 100	Hair Color: BLACK	Hair Style: STRAIGHT	Hair Length: LONG	Eye Color: BROWN	OLN #: 058599518	State: GA	
	Occupation:				Employer:		Address:		Employer Phone:				
	Victim Type: Individual				Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School		LEOKA Activity Type:		LEOKA Assignment Type:			
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other						Used: <input type="checkbox"/>	Drugs <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Computer <input type="checkbox"/>			
VICTIM	SMTs:												
	Relationship To Offenders:	(1) NOT APPLICABLE			(2)	(3)	(4)	(5)					
		(6)			(7)	(8)	(9)	(10)					
	Offenses Involved:	(1) 1313			(2)	(3)	(4)	(5)					
		(6)			(7)	(8)	(9)	(10)					
	Name:				Monitor:	DOB:	Age:	Sex:	Race:	Ethnicity:			
	Address:				Home Phone:	Work Phone:	Cell Phone:	Email:					
	SSN: Resident Status:				HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:	
	Occupation:				Employer:		Address:		Employer Phone:				
	SMTs:												
OFFENDER	Offenses Involved:												
	(1)				(2)								
	(3)				(4)								
	(5)				(6)								
	(7)				(8)								
	(9)				(10)								
	WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input type="checkbox"/>	SUSPECT ARMED: <input type="checkbox"/>	WEAPON: <input type="checkbox"/>	Used: <input type="checkbox"/>	Drugs <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Computer <input type="checkbox"/>				
	TOTAL NUMBER ARRESTED: 0			ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>									
	PROPERTY				VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
	STOLEN \$0.00	RECOVERED \$0.00	CLOTHING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
STOLEN \$0.00	RECOVERED \$0.00	FIREARMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
STOLEN \$0.00	RECOVERED \$0.00	CONSUMABLE GOODS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
RECOVERED \$0.00		LIVESTOCK	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
		OTHER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
		TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
ADM.	GCIC ENTRY		<input type="checkbox"/> WARRANT	<input type="checkbox"/> MISSING PERSONS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> ARTICLE	<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES				
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown												
CLEAR DRUG	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED				DATE OF CLEARANCE			<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE				
	REPORTING OFFICER Matthews o j				NUMBER 3216	APPROVING OFFICER Davis r s	NUMBER 1663						

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>				Case #:
Officer ID/Name: 3216	Date: 12/25/2016 4:07:46 AM	Approving Officer ID/Name: 1663	Davis r s	Date:
Title: INITIAL REPORT				
<p>On December 24, I responded to 2701 N Decatur Rd (Dekalb Medical) ER room 8 in reference to a assault call. Upon arrival I made contact with the medical doctor who did the initial evaluation of the victim (Horatia Anderson). The doctor advised Anderson was very uncooperative and refused to answer many questions. The doctor advised Anderson stated to her that she had been sexually assaulted but refused to give more information in reference to the alleged sexual assault. The doctor also stated Anderson became irate at one point and started to take off her clothing.</p> <p>Upon making contact with Anderson she advised she was at 4649 Memorial Dr. (United Inn &amp; suites) leaving room number 40 when an unknown male came from out of room 116 and assaulted her. Anderson stated the suspect grabbed her crutch and then struck her in the face with a closed fist. I did not observe any visible injuries to the facial area of Anderson. After asking Anderson again to recall the events that had occurred she switched her story several times and was not consistent with the story she had given the doctor nor the story she had initially given me. At no point did she ever make me aware of her being sexually assaulted like the story she provided the doctor. Anderson was issued a case number and advised on how to obtain a copy of the report.</p>				

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 17-054676																																																																																																		
EVENT	Incident Type: 16-5-20 (1313) Arrest//Simple Assault	Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY																																																																																																				
	16-7-24 (2903) Arrest//Interference with government property (dam.)	1	2903	COUNTY	COUNTY																																																																																																				
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist	1	NONC	COUNTY	COUNTY																																																																																																				
	Premise Type: RESIDENCE	Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560																																																																																																			
	Date Report: 6/2/2017 9:00:00 PM	Incident Start: 6/2/2017 9:00:00 PM	Incident End: 6/2/2017 9:00:00 PM	Incident Location: 4649 Memorial Drive Decatur GA																																																																																																					
	Name (Last, First Middle): Brown, Karis Nicole	Moniker:	DOB: 1979	Age: 37	Sex: F	Race: B	ethnicity: N																																																																																																		
	Address: 4649 Memorial Drive Room #345 Decatur GA 30032-	Home #:	Work #:	Cell #:	Email:																																																																																																				
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 200	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: 057150943	State: GA																																																																																															
	Occupation:	Employer:	Address:																																																																																																						
	Employer Phone:																																																																																																								
VICTIM	Victim Type: Individual	Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School			LEOKA Activity Type:	LEOKA Assignment Type:																																																																																																		
	Injuries:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input checked="" type="checkbox"/>	Drugs <input checked="" type="checkbox"/>	Alcohol <input checked="" type="checkbox"/>	Computer <input type="checkbox"/>																																																																																																
	SMTs:																																																																																																								
	Relationship To Offenders:	(1) BOYFRIEND OR GI (6)	(2)	(3)	(4)	(5)																																																																																																			
	Offenses Involved:	(1) 1313 (6)	(2) 2903 (7)	(3) 3899 (8)	(4) NONC (9)	(5)																																																																																																			
	Name: Kellan, Jamie	Moniker:	DOB: 1973	Age: 44	Sex: M	Race: B	ethnicity: N																																																																																																		
	Address: 4649 Memorial Drive #345 Decatur GA 30032-	Home Phone:	Work Phone:	Cell Phone:	Email:																																																																																																				
	SSN:	Resident Status: RESIDENT	HGT: 511	WGT: 230	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:																																																																																															
	Occupation:	Employer:	Address:																																																																																																						
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OFFENDER	SMTs:																																																																																																								
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	(1) 16-5-20 (1313) Arrest//Simple Assault	1313	(2) 16-7-24 (2903) Arrest//Interference with government	2903																																																																																																					
	(3) 16-10-24.3 (7399) Arrest//Interfering with calls for	NONC	(4)																																																																																																						
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	(9)		(10)																																																																																																						
	WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED: <input type="checkbox"/>	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																																																																																																			
	TOTAL NUMBER ARRESTED: 1	ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>																																																																																																							
	<table border="1"> <tr> <td colspan="2">VEHICLES</td> <td colspan="2">CURRENCY, NOTES, ETC</td> <td colspan="2">JEWELRY, PREC. METALS</td> <td colspan="2">FURS</td> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="8">CLOTHING</td> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="8">FIREARMS</td> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">CONSUMABLE GOODS</td> <td colspan="2">LIVESTOCK</td> <td colspan="2">OTHER</td> <td colspan="2">TOTAL</td> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </table>										VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CLOTHING								STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FIREARMS								STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL		STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS																																																																																																			
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RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00																																																																																																		
<table border="1"> <tr> <td>GCIC ENTRY</td> <td><input type="checkbox"/> WARRANT</td> <td><input type="checkbox"/> MISSING PERSONS</td> <td><input type="checkbox"/> VEHICLE</td> <td><input type="checkbox"/> ARTICLE</td> <td><input type="checkbox"/> BOAT</td> <td><input type="checkbox"/> GUN</td> <td><input type="checkbox"/> SECURITIES</td> </tr> </table>										GCIC ENTRY	<input type="checkbox"/> WARRANT	<input type="checkbox"/> MISSING PERSONS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> ARTICLE	<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES																																																																																								
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DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin																																																																																																								
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CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE		<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE																																																																																																	
	REPORTING OFFICER Daniels j w	NUMBER 2175	APPROVING OFFICER	NUMBER																																																																																																					

GA0440200 FAMILY VIOLENCE INCIDENT REPORT							Case #: 17-054676				
EVENT	Incident Type 16-5-20 (1313) Arrest//Simple Assault				Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY			
	16-7-24 (2903) Arrest//Interference with government property (dam.)				1	2903	COUNTY	COUNTY			
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist.				1	NONC	COUNTY	COUNTY			
	Premise Type: RESIDENCE	Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560					
	Date Report: 6/2/2017 9:00:00 PM	Incident Start: 6/2/2017 9:00:00 PM	Incident End: 6/2/2017 9:00:00 PM	Incident Location: 4649 Memorial Drive Decatur GA							
	Name (Last, First Middle): Brown, Karis Nicole				Moniker:	DOB: -1979	Age: 37	Sex: F Race: B Ethnicity: N			
	Address: 4649 Memorial Drive #Room #345 Decatur GA 30032				Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 200	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: 057150943	State: GA	
	Occupation:	Employer:			Address:			Employer Phone:			
	VICTIM	Victim Type: Individual				Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School	LEOKA Activity Type:	LEOKA Assignment Type:		
Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input checked="" type="checkbox"/>	Drugs: <input checked="" type="checkbox"/>	Alcohol: <input checked="" type="checkbox"/>	Computer: <input type="checkbox"/>				
Relationship To Offenders:	(1) BOYFRIEND OR GI (6)	(2)	(3)	(4)	(5)						
Offenses Involved:	(1) 1313 (6)	(2) 2903 (7)	(3) 3899 (8)	(4) NONC (9)	(5) (10)						
PRIMARY AGGRESSOR	Name: Kellan, Jamie				Moniker:	DOB: -1973	Age: 44	Sex: M	Race: B	ethnicity: N	
Address: 4649 Memorial Drive # #345 Decatur GA 30032-				Home Phone:	Work Phone:	Cell Phone:	Email:				
SSN:	Resident Status: RESIDENT	HGT: 511	WGT: 230	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:		
Occupation:	Employer:			Address:			Employer Phone:				
SMTs:											
Offenses Involved:											
(1) 16-5-20 (1313) Arrest//Simple Assault	1313	(2) 16-7-24 (2903) Arrest//Interference with government property (dam.)	2903								
(3) 16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist.	NONC	(4)									
(5)		(6)									
(7)		(8)									
(9)		(10)									
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED:			WEAPON:	Used: <input type="checkbox"/>	Drugs: <input type="checkbox"/>	Alcohol: <input type="checkbox"/>	Computer: <input type="checkbox"/>			
TOTAL NUMBER ARRESTED: <input type="checkbox"/> 1	ARREST AT OR NEAR OFFENSE SCENE:			Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>							
1. WERE CHILDREN INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
2. WAS ACT COMMITTED WITH CHILDREN PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> MORE THAN 10 <input type="checkbox"/> UNKNOWN											
4. EXISTENCE OF PRIOR COURT ORDERS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN											
5. WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY											
6. TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR: <input type="checkbox"/> 1 - FATAL INJURY <input type="checkbox"/> 2 - PERMANENT PHYSICAL DISABILITY											
<input type="checkbox"/> 3 - TEMPORARY DISABILITY <input type="checkbox"/> 4 - BROKEN BONES <input type="checkbox"/> 5 - GUN/KNIFE WOUNDS <input checked="" type="checkbox"/> 6 - SUPERFICIAL INJURIES											
<input checked="" type="checkbox"/> 7 - PROPERTY DAMAGE/THEFT <input type="checkbox"/> 8 - THREATS <input type="checkbox"/> 9 - ABUSIVE LANGUAGE <input type="checkbox"/> 10 - SEXUAL ABUSE <input type="checkbox"/> 11 - OTHER											
7. POLICE ACTION TAKEN <input type="checkbox"/> 1 - ARREST <input type="checkbox"/> 2 - CITATION <input type="checkbox"/> 3 - SEPARATION <input type="checkbox"/> 4 - MEDIATION <input type="checkbox"/> 5 - OTHER <input type="checkbox"/> 6 - NONE											
IF NO ARREST MADE WHY NOT? <input type="checkbox"/> 1 - JUVENILE <input type="checkbox"/> 2 M - PRIMARY AGGRESSOR WAS NOT AT THE SCENE											
<input type="checkbox"/> 3 - INSUFFICIENT PROBABLE CAUSE <input type="checkbox"/> 4 - OTHER REASON											
8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? <input checked="" type="checkbox"/> 1 - PHYSICAL EVIDENCE <input type="checkbox"/> 2 - TESTIMONIAL EVIDENCE <input type="checkbox"/> 3 - OTHER											
9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V)											
A: <input type="checkbox"/> 1 - DRUGS <input type="checkbox"/> 2 - ALCOHOL V: <input checked="" type="checkbox"/> 3 - DRUGS <input type="checkbox"/> 4 - ALCOHOL											
10. RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S): <input type="checkbox"/> 1 - PRESENT SPOUSE <input type="checkbox"/> 2 - FORMER SPOUSE <input type="checkbox"/> 3 - PARENT											
<input type="checkbox"/> 4 - CHILD <input type="checkbox"/> 5 - STEPPARENT <input type="checkbox"/> 6 - STEPCHILD <input type="checkbox"/> 7 - FOSTER PARENT <input type="checkbox"/> 8 - FOSTER CHILD											
<input checked="" type="checkbox"/> 9 - NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD											
CLEAR		REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE			
REPORTING OFFICER		NUMBER	APPROVING OFFICER			NUMBER					
Daniels j w		2175									



<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 17-054676
Officer ID/Name: 2175	Date: 6/3/2017 8:00:00 PM	Approving Officer ID/Name:	Date
Title: <b>INITIAL REPORT</b>			
<p>-I, along with Sgt. Johnson, Sgt. Parker and Ofc. Sargent responded to the United Inn (Extended Stay) Hotel, located at 4649 Memorial Drive, in reference to trouble unknown call.</p> <p>The caller, who elected to stay anonymous, stated that from his/her room, he overheard loud screams, profanities and what sounded like someone was being assaulted. Upon our arrival, we knocked at room 345 and were allowed entry into the room by a male subject. Once inside, we then made contact with a female subject, who was also occupying the room. Both male and female appeared to be very intoxicated.</p> <p>The room was in total and complete disarray; with the bed (mattress) turned upside down, clothing and trash scattered about the floor and several empty beer cans and other alcoholic beverage bottles. There was also various drug paraphernalia (crack pipes etc.) inside the room.</p> <p>We were able to separate the male from the female, though they were still in an active verbal dispute, by taking the male subject outside the room. Once alone, the female, identified as Karis Brown/victim, 37, stated that after a verbal dispute over monies owed to her sexual favors, a scuffle ensued. That scuffle escalated into a physical altercation, with the male suspect, Jamie Kellan, 44, striking the victim in the face and chest area, with a closed fist. The victim did display a few minor scratches about her facial area.</p> <p>The victim also stated that while attempting to call 911, the suspect grabbed her cellphone, thereby preventing her from calling the authorities for help.</p> <p>With sufficient probable cause present, I placed the suspect under arrest under the domestic violence laws.</p> <p>The suspect, for his part, was not being an effective advocate for his 'side of the story'. During my entire encounter with him, he was loud, uncooperative, combative and intoxicated. He was cursing and being very disrespectful. He referred to this officer as a 'bitch nigger', "a punk ass officer" and accused me of "taking that bitch's word over mine".</p> <p>While enroute to the jail with the suspect, he began to forcefully kick the inside doors on my 2013 county-issued Chevrolet Caprice. He continued to kick my door, which inevitably caused damage to my patrol vehicle. Upon my arrival at the jail, Ofc Sargent, who accompanied me, assisted me with walking the suspect from my vehicle to the intake jail area.</p> <p>While inside the intake area, it took several detention officers to detain and control the suspect, due to his violent behavior.</p> <p>After the suspect was booked in, I returned to my vehicle only to discover that my driver's side rear door had been damaged due to the suspect violently kicking on my doors. The door would not close completely. Sgt. Johnson was notified and responded to the scene. A 'Damage to County Property Paperwork' will be completed. A new charge was also added to the suspect's jail docket.</p> <p>Arrest warrants and any further prosecution will be handled by this officer.</p>			

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 17-054676
Officer ID/Name: 3346	Date: 6/2/2017 9:17:19 PM	Approving Officer ID/Name	Date:
Title: INITIAL REPORT			
<p><b>Report Date:</b>  <b>Reporting Officer:</b> 3346 - Sargent j m  <b>Approving Officer:</b> -</p>			
<p>On 06/02/2017, at approximately 2040 hours, I responded to 4649 Memorial Drive(United Inn &amp; Suites) in reference to a domestic disturbance. Upon arrival, I met with Ms. Karis Brown(Victim) and Mr. Jamie Kellan(Suspect.) The Victim stated, the Suspect followed her into her room, Room #345. The Suspect accused the Victim of stealing his money. The Suspect then "jumped" the Victim striking her in the face, ripping her t-shirt, and slamming her into the wall. She advised the Suspect she was contacting the Police and the Suspect "snatched" the Victim's cellphone from her hand. The Victim made it to the front window and pulled open the curtain. At that time, the Victim observed an unidentified black male outside the window. The Victim screamed for help toward unidentified male. The Suspect then pulled the Victim away from the window, throwing her to the floor. He then forced her to remove her clothing. Upon my arrival, the Victim was wearing only her bra and underwear.</p>			
<p>The Victim believed the unidentified male contacted Police. The call was received by a male, who disconnected the line when call takers asked for his name. The Victim could not provide any further information about the caller. I attempted to contact the Complainant at the number which was used to contact 911(404-836-8100.) The number came back to the business, United Inn &amp; Suites.</p>			
<p>I observed slight swelling to the Victim's right cheek bone. Her t-shirt was torn at her right shoulder. The room had been completely ransacked. Both the Victim and Suspect stated, this was caused while the Suspect searched for his money. There were empty, and full, beers cans strewn about the room. Both the Victim and Suspect appeared to be under the influence, and were emanating the odor of alcohol from their persons. There were pieces of what appeared to be a broken crack pipe on the bathroom floor, and burnt brillo resting on the bathroom sink. Adjacent to the bathroom door, in a blue trash can, was a small empty Ziploc bag. The bag appeared it had contained crack cocaine residue. Both the Victim and Suspect accused the other of consuming the crack cocaine. They each stated, they had only consumed alcohol.</p>			
<p>The Suspect was escorted away from the scene, and placed in the back seat of Officer JW Daniel's(#2175) patrol car. I provided the Victim with a case number and Victim Contact Card. She was advised of the Temporary Protective Order Process.</p>			
<p>Before departing the incident location, I observed the Suspect kick the left and right rear doors of Officer Daniels' patrol car. The Suspect was yelling profanities at the Victim, and Officer Daniels. As Officer Daniels and I arrived at The DeKalb County Jail, I observed the left rear door of Officer Daniels' patrol car protruding slightly outward. Before removing the Suspect, he kicked the rear doors several more times. The Suspect exited the patrol car under his own power and was lodged in the jail. Upon further inspection of Officer Daniels' patrol car, I observed distinct shoe prints on the interior of the rear doors. The left rear door protruded slightly after being closed.</p>			

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 17-054676			
EVENT	Incident Type: 16-5-20 (1313) Arrest//Simple Assault 16-7-24 (2903) Arrest//Interference with government property (dam.) 16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist				Counts 1 1 1	Incident Code 1313 2903 NONC	Offense Jurisdiction COUNTY COUNTY COUNTY	Arrest Jurisdiction COUNTY COUNTY COUNTY		
	Premise Type: RESIDENCE	Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560				
	Date Report: 6/2/2017 9:00:00 PM	Incident Start: 6/2/2017 9:00:00 PM	Incident End: 6/2/2017 9:00:00 PM	Incident Location: 4649 Memorial Drive Decatur GA						
	Name (Last, First Middle): Brown, Karis Nicole				Moniker	DOB: -1979	Age: 37	Sex: F	Race: B	Ethnicity: N
	Address 1649 Memorial Drive Room #345 Decatur GA 30032-				Home #:	Work #:	Cell #:	Email:		
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 200	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: 057150943	State: GA
	Occupation:	Employer:		Address:		Employer Phone:				
	Victim Type: Individual	Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School			LEOKA Activity Type:		LEOKA Assignment Type:		
	Injuries:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used:	<input checked="" type="checkbox"/> Drugs	<input checked="" type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	
	SMTs:									
Relationship To Offenders:	(1) BOYFRIEND OR GI (6)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1) 1313 (6)	(2) 2903 (7)	(3) 3899 (8)	(4) NONC (9)	(5)	(10)				
Name: Kellan, Jamie	Moniker	DOB: -1973	Age: 44	Sex: M	Race: B	Ethnicity: N				
Address: 1649 Memorial Drive #345 Decatur GA 30032-	Home Phone:	Work Phone:	Cell Phone:	Email:						
SSN:	Resident Status: RESIDENT	HGT: 511	WGT: 230	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State: GA	
Occupation:	Employer:		Address:		Employer Phone:					
SMTs:										
Offenses Involved:										
(1) 16-5-20 (1313) Arrest//Simple Assault (3) 16-10-24.3 (7399) Arrest//Interfering with calls for	1313	(2) 16-7-24 (2903) Arrest//Interference with government	2903							
(5)		(6)								
(7)		(8)								
(9)		(10)								
WANTED: <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED: <input type="checkbox"/>		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
TOTAL NUMBER ARRESTED: 1	ARREST AT OR NEAR OFFENSE SCENE		Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>						
PROPERTY		VEHICLES	CURRENCY, NOTES, ETC	JEWELRY, PREC. METALS	FURS					
STOLEN \$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
CLOTHING		OFFICE EQUIP.	TV, RADIO, ETC	HOUSEHOLD GOODS						
STOLEN \$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
FIREARMS		CONSUMABLE GOODS	LIVESTOCK	OTHER	TOTAL					
STOLEN \$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
ADM.		GCIC ENTRY	<input type="checkbox"/> WARRANT	<input type="checkbox"/> MISSING PERSONS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> ARTICLE	<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES	
DRUG		DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown								
CLEAR		REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE		
REPORTING OFFICER		Daniels j w	NUMBER	APPROVING OFFICER			NUMBER			
			2175							

<b>GA0440200</b> <b>FAMILY VIOLENCE INCIDENT REPORT</b>						Case #: 17-054676				
EVENT	Incident Type: 16-5-20 (1313) Arrest//Simple Assault			Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY			
	16-7-24 (2903) Arrest//Interference with government property (dam.)			1	2903	COUNTY	COUNTY			
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist.			1	NONC	COUNTY	COUNTY			
	Premise Type: RESIDENCE	Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560				
	Date Report: 6/2/2017 9:00:00 PM	Incident Start: 6/2/2017 9:00:00 PM	Incident End: 6/2/2017 9:00:00 PM	Incident Location: 4649 Memorial Drive Decatur GA						
	Name (Last, First Middle): Brown, Karis Nicole			Marker:	DOB: -1979	Age: 37	Sex: F			
	Address 4649 Memorial Drive #Room #345 Decatur GA 30032			Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 200	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: 057150943	State: GA
	Occupation:	Employer:		Address:			Employer Phone:			
	Victim Type: Individual	Student: <input type="checkbox"/> <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:			LEOKA Assignment Type:		
Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> <input checked="" type="checkbox"/>	Drugs <input type="checkbox"/> <input checked="" type="checkbox"/>	Alcohol <input type="checkbox"/> <input checked="" type="checkbox"/>	Computer <input type="checkbox"/> <input checked="" type="checkbox"/>			
Relationship To Offenders: <input type="checkbox"/> BOYFRIEND OR GI (1) <u>BOYFRIEND OR GI</u> (2) <u></u> (3) <u></u> (4) <u></u> (5) <u></u> (6) <u></u> (7) <u></u> (8) <u></u> (9) <u></u> (10) <u></u>										
Offenses Involved: <input type="checkbox"/> 1613 <input type="checkbox"/> 2903 <input type="checkbox"/> 3899 <input type="checkbox"/> NONC <input type="checkbox"/> 5 <u>1613</u> <u>2903</u> <u>3899</u> <u>NONC</u> <u>5</u> (6) <u></u> (7) <u></u> (8) <u></u> (9) <u></u> (10) <u></u>										
VICTIM	Name: Kellan, Jamie	Marker:	DOB: -1973	Age: 44	Sex: M	Race: B	Ethnicity: N			
	Address: 4649 Memorial Drive ##345 Decatur GA 30032-			Home Phone:	Work Phone:	Cell Phone:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 511	WGT: 230	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:
	Occupation:	Employer:		Address:			Employer Phone:			
	SMTS:									
	Offenses Involved:									
	(1) 16-5-20 (1313) Arrest//Simple Assault		1313	(2) 16-7-24 (2903) Arrest//Interference with government	2903					
	(3) 16-10-24.3 (7399) Arrest//Interfering with calls for		NONC	(4)						
	(5)									
	(7)									
(9)										
WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED:	WEAPON:	Used:	<input type="checkbox"/>	Drugs <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Computer <input type="checkbox"/>	
TOTAL NUMBER ARRESTED: 1		ARREST AT OR NEAR OFFENSE SCENE Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>								
1. WERE CHILDREN INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2. WAS ACT COMMITTED WITH CHILDREN PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> MORE THAN 10 <input type="checkbox"/> UNKNOWN 4. EXISTENCE OF PRIOR COURT ORDERS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN 5. WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY										
6. TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR: <input type="checkbox"/> 1 - FATAL INJURY <input type="checkbox"/> 2 - PERMANENT PHYSICAL DISABILITY <input type="checkbox"/> 3 - TEMPORARY DISABILITY <input type="checkbox"/> 4 - BROKEN BONES <input type="checkbox"/> 5 - GUN/KNIFE WOUNDS <input checked="" type="checkbox"/> 6 - SUPERFICIAL INJURIES <input checked="" type="checkbox"/> 7 - PROPERTY DAMAGE/THEFT <input type="checkbox"/> 8 - THREATS <input type="checkbox"/> 9 - ABUSIVE LANGUAGE <input type="checkbox"/> 10 - SEXUAL ABUSE <input type="checkbox"/> 11 - OTHER										
7. POLICE ACTION TAKEN <input checked="" type="checkbox"/> 1 - ARREST <input type="checkbox"/> 2 - CITATION <input type="checkbox"/> 3 - SEPARATION <input type="checkbox"/> 4 - MEDIATION <input type="checkbox"/> 5 - OTHER <input type="checkbox"/> 6 - NONE IF NO ARREST MADE WHY NOT? <input type="checkbox"/> 1 - JUVENILE <input type="checkbox"/> 2 M - PRIMARY AGGRESSOR WAS NOT AT THE SCENE <input type="checkbox"/> 3 - INSUFFICIENT PROBABLE CAUSE <input type="checkbox"/> 4 - OTHER REASON										
8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? <input checked="" type="checkbox"/> 1 - PHYSICAL EVIDENCE <input type="checkbox"/> 2 - TESTIMONIAL EVIDENCE <input type="checkbox"/> 3 - OTHER										
9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V) A: <input type="checkbox"/> 1 - DRUGS <input type="checkbox"/> 2 - ALCOHOL      V: <input checked="" type="checkbox"/> 3 - DRUGS <input checked="" type="checkbox"/> 4 - ALCOHOL										
10. RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S): <input type="checkbox"/> 1 - PRESENT SPOUSE <input type="checkbox"/> 2 - FORMER SPOUSE <input type="checkbox"/> 3 - PARENT <input type="checkbox"/> 4 - CHILD <input type="checkbox"/> 5 - STEPPARENT <input type="checkbox"/> 6 - STEPCHILD <input type="checkbox"/> 7 - FOSTER PARENT <input type="checkbox"/> 8 - FOSTER CHILD <input checked="" type="checkbox"/> 9 - NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD										
PRIMARY AGGRESSOR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT					<input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE				
	REPORTING OFFICER Daniels j w		NUMBER 2175	APPROVING OFFICER			NUMBER			



<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 17-054676
Officer ID/Name 2175	Date: 6/3/2017 8:00:00 PM	Approving Officer ID/Name:	Date:
Title: INITIAL REPORT			
<p>-I, along with Sgt. Johnson, Sgt. Parker and Ofc. Sargent responded to the United Inn (Extended Stay) Hotel, located at 4649 Memorial Drive, in reference to trouble unknown call.</p> <p>The caller, who elected to stay anonymous, stated that from his/her room, he overheard loud screams, profanities and what sounded like someone was being assaulted. Upon our arrival, we knocked at room 345 and were allowed entry into the room by a male subject. Once inside, we then made contact with a female subject, who was also occupying the room. Both male and female appeared to be very intoxicated.</p> <p>The room was in total and complete disarray; with the bed (mattress) turned upside down, clothing and trash scattered about the floor and several empty beer cans and other alcoholic beverage bottles. There was also various drug paraphernalia (crack pipes etc.) inside the room .</p> <p>We were able to separate the male from the female, though they were still in an active verbal dispute, by taking the male subject outside the room. Once alone, the female, identified as Karis Brown/victim, 37, stated that after a verbal dispute over monies owed to her sexual favors, a scuffle ensued. That scuffle escalated into a physical altercation, with the male suspect, Jamie Kellan, 44, striking the victim in the face and chest area, with a closed fist. The victim did display a few minor scratches about her facial area.</p> <p>The victim also stated that while attempting to call 911, the suspect grabbed her cellphone, thereby preventing her from calling the authorities for help.</p> <p>With sufficient probable cause present, I placed the suspect under arrest under the domestic violence laws.</p> <p>The suspect, for his part, was not being an effective advocate for his 'side of the story'. During my entire encounter with him, he was loud, uncooperative, combative and intoxicated. He was cursing and being very disrespectful. He referred to this officer as a 'bitch nigger', "a punk ass officer" and accused me of "taking that bitch's word over mine".</p> <p>While enroute to the jail with the suspect, he began to forcefully kick the inside doors on my 2013 county-issued Chevrolet Caprice. He continued to kick my door, which inevitably caused damage to my patrol vehicle. Upon my arrival at the jail, Ofc. Sargent, who accompanied me, assisted me with walking the suspect from my vehicle to the intake jail area.</p> <p>While inside the intake area, it took several detention officers to detain and control the suspect, due to his violent behavior.</p> <p>After the suspect was booked in, I returned to my vehicle only to discover that my driver's side rear door had been damaged due to the suspect violently kicking on my doors. The door would not close completely. Sgt. Johnson was notified and responded to the scene. A 'Damage to County Property Paperwork' will be completed. A new charge was also added to the suspect's jail docket.</p> <p>Arrest warrants and any further prosecution will be handled by this officer.</p>			

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>		Case #: 17-054676
Officer ID/Name: 3346	Date 6/2/2017 9:17:19 PM	Approving Officer ID/Name: Date
Title: INITIAL REPORT		
<p><b>Report Date:</b>  <b>Reporting Officer:</b> 3346 - Sargent j m  <b>Approving Officer:</b> -</p> <p>On 06/02/2017, at approximately 2040 hours, I responded to 4649 Memorial Drive(United Inn &amp; Suites) in reference to a domestic disturbance. Upon arrival, I met with Ms. Karis Brown(Victim) and Mr. Jamie Kellan(Suspect.) The Victim stated, the Suspect followed her into her room, Room #345. The Suspect accused the Victim of stealing his money. The Suspect then "jumped" the Victim striking her in the face, ripping her t-shirt, and slamming her into the wall. She advised the Suspect she was contacting the Police and the Suspect "snatched" the Victim's cellphone from her hand. The Victim made it to the front window and pulled open the curtain. At that time, the Victim observed an unidentified black male outside the window. The Victim screamed for help toward unidentified male. The Suspect then pulled the Victim away from the window, throwing her to the floor. He then forced her to remove her clothing. Upon my arrival, the Victim was wearing only her bra and underwear.</p> <p>The Victim believed the unidentified male contacted Police. The call was received by a male, who disconnected the line when call takers asked for his name. The Victim could not provide any further information about the caller. I attempted to contact the Complainant at the number which was used to contact 911(404-836-8100.) The number came back to the business, United Inn &amp; Suites.</p> <p>I observed slight swelling to the Victim's right cheek bone. Her t-shirt was torn at her right shoulder. The room had been completely ransacked. Both the Victim and Suspect stated, this was caused while the Suspect searched for his money. There were empty, and full, beers cans strewn about the room. Both the Victim and Suspect appeared to be under the influence, and were emanating the odor of alcohol from their persons. There were pieces of what appeared to be a broken crack pipe on the bathroom floor, and burnt brillo resting on the bathroom sink. Adjacent to the bathroom door, in a blue trash can, was a small empty Ziploc bag. The bag appeared it had contained crack cocaine residue. Both the Victim and Suspect accused the other of consuming the crack cocaine. They each stated, they had only consumed alcohol.</p> <p>The Suspect was escorted away from the scene, and placed in the back seat of Officer JW Daniel's(#2175) patrol car. I provided the Victim with a case number and Victim Contact Card. She was advised of the Temporary Protective Order Process.</p> <p>Before departing the incident location, I observed the Suspect kick the left and right rear doors of Officer Daniels' patrol car. The Suspect was yelling profanities at the Victim, and Officer Daniels. As Officer Daniels and I arrived at The DeKalb County Jail, I observed the left rear door of Officer Daniels' patrol car protruding slightly outward. Before removing the Suspect, he kicked the rear doors several more times. The Suspect exited the patrol car under his own power and was lodged in the jail. Upon further inspection of Officer Daniels' patrol car, I observed distinct shoe prints on the interior of the rear doors. The left rear door protruded slightly after being closed.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 17-054676			
EVENT	Incident Type: 16-5-20 (1313) Arrest//Simple Assault 16-7-24 (2903) Arrest//Interference with government property (dam.) 16-10-24-3 (7399) Arrest//Interfering with calls for emergency assist				Counts 1 1 1	Incident Code 1313 2903 NONC	Offense Jurisdiction COUNTY COUNTY COUNTY	Arrest Jurisdiction COUNTY COUNTY COUNTY		
	Premise Type: RESIDENCE	Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560				
	Date Report: 6/2/2017 9:00:00 PM	Incident Start: 6/2/2017 9:00:00 PM	Incident End: 6/2/2017 9:00:00 PM	Incident Location: 4649 Memorial Drive Decatur GA						
	Name (Last, First Middle): Brown, Karis Nicole			Moniker:	DOB: -1979	Age: 37	Sex: F	Race: B	Ethnicity: N	
	Address 1649 Memorial Drive Room #345 Decatur GA 30032-			Home #: _____	Work #: _____	Cell #: _____	Email: _____			
	SSN: _____	Resident Status: RESIDENT	HGT: _____ 504	WGT: _____ 200	Hair Color: _____	Hair Style: _____	Hair Length: _____	Eye Color: _____	OLN #: _____ 057150943	State: GA
	Occupation: _____	Employer: _____	Address: _____							Employer Phone: _____
	Victim Type: Individual	Student: <input type="checkbox"/> <input checked="" type="checkbox"/>	If Yes, Name of Victim's School			LEOKA Activity Type: _____		LEOKA Assignment Type: _____		
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other					Used: <input checked="" type="checkbox"/>	Drugs <input checked="" type="checkbox"/>	Alcohol <input checked="" type="checkbox"/>	Computer <input type="checkbox"/>	
	SMTs:									
Relationship To Offenders:	(1) BOYFRIEND OR GI (6)	(2)	(3)	(4)	(5)					
Offenses Involved:	(1) 1313 (6)	(2) 2903 (7)	(3) 3899 (8)	(4) NONC (9)	(5) (10)					
Name: Kellan, Jamie	Moniker: _____	DOB: _____ -1973	Age: _____ 44	Sex: _____ M	Race: _____ B	Ethnicity: _____ N				
Address: 1649 Memorial Drive #345 Decatur GA 30032-	Home Phone: _____	Work Phone: _____	Cell Phone: _____	Email: _____						
SSN: _____	Resident Status: RESIDENT	HGT: _____ 511	WGT: _____ 230	Hair Color: _____	Hair Style: _____	Hair Length: _____	Eye Color: _____	OLN #: _____	State: _____	
Occupation: _____	Employer: _____	Address: _____							Employer Phone: _____	
SMTs:										
Offenses Involved: (1) 16-5-20 (1313) Arrest//Simple Assault 1313 (2) 16-7-24 (2903) Arrest//Interference with government 2903 (3) 16-10-24-3 (7399) Arrest//Interfering with calls for NONC (4) (5) (6) (7) (8) (9) (10)										
WANTED <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED: _____	WEAPON: _____	Used: <input type="checkbox"/>	Drugs <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Computer <input type="checkbox"/>		
TOTAL NUMBER ARRESTED: 1	ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>									
OFFENDER	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN \$0.00	RECOVERED \$0.00	CLOTHING	\$0.00	\$0.00	\$0.00	\$0.00			
	STOLEN \$0.00	RECOVERED \$0.00	OFFICE EQUIP.	\$0.00	\$0.00	\$0.00	\$0.00			
	STOLEN \$0.00	RECOVERED \$0.00	FIREARMS	\$0.00	\$0.00	\$0.00	\$0.00			
	STOLEN \$0.00	RECOVERED \$0.00	CONSUMABLE GOODS	\$0.00	\$0.00	\$0.00	\$0.00			
	STOLEN \$0.00	RECOVERED \$0.00	LIVESTOCK	\$0.00	\$0.00	\$0.00	\$0.00			
			OTHER	\$0.00	\$0.00	\$0.00	\$0.00			
				TOTAL \$0.00						
	GCIC ENTRY <input type="checkbox"/>	WARRANT <input type="checkbox"/>	MISSING PERSONS <input type="checkbox"/>	VEHICLE <input type="checkbox"/>	ARTICLE <input type="checkbox"/>	BOAT <input type="checkbox"/>	GUN <input type="checkbox"/>	SECURITIES <input type="checkbox"/>		
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
CLEAR DRUG	REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE			
	REPORTING OFFICER Daniels j w	NUMBER 2175	APPROVING OFFICER	NUMBER						

<b>GA0440200</b> <b>FAMILY VIOLENCE INCIDENT REPORT</b>						Case # 17-054676					
<b>EVENT</b>	Incident Type: 16-5-20 (1313) Arrest//Simple Assault			Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY				
	16-7-24 (2903) Arrest//Interference with government property (dam.)			1	2903	COUNTY	COUNTY				
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assisi			1	NONC	COUNTY	COUNTY				
	Premise Type: RESIDENCE	Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560					
	Date Report: 6/2/2017 9:00:00 PM	Incident Start: 6/2/2017 9:00:00 PM	Incident End: 6/2/2017 9:00:00 PM	Incident Location: 4649 Memorial Drive Decatur GA							
	Name (Last, First Middle): Brown, Karis Nicole			Moniker:	DOB: -1979	Age: 37	Sex: F	Race: B	Ethnicity: N		
	Address: 1649 Memorial Drive #Room #345 Decatur GA 30032			Home #:	Work #:	Cell #:	Email:				
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 200	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: 057150943	State: GA	
	Occupation:	Employer		Address:			Employer Phone:				
	Victim Type: Individual	Student: <input type="checkbox"/> <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Name of Victim's School	LEOKA Activity Type:		LEOKA Assignment Type:			
Injuries:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other					Used: <input checked="" type="checkbox"/>	Drugs <input type="checkbox"/>	Alcohol <input checked="" type="checkbox"/>	Computer <input type="checkbox"/>		
Relationship To Offenders:	(1) BOYFRIEND OR GI (6)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
Offenses Involved:	(1) 1313 (6)	(2) 2903 (7)	(3) 3899 (8)	(4) NONC (9)	(5) (10)						
Name: Kellan, Jamie	Moniker:	DOB: -1973	Age: 44	Sex: M	Race: B	Ethnicity: N					
Address: 1649 Memorial Drive ##345 Decatur GA 30032-	Home Phone:	Work Phone:	Cell Phone:	Email:							
SSN:	Resident Status: RESIDENT	HGT: 511	WGT: 230	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:		
Occupation:	Employer		Address:			Employer Phone:					
SMTS:											
Offenses Involved:											
(1) 16-5-20 (1313) Arrest//Simple Assault	1313	(2) 16-7-24 (2903) Arrest//Interference with government property	2903								
(3) 16-10-24.3 (7399) Arrest//Interfering with calls for emergency assisi	NONC	(4)	(5)								
(5)	(6)	(6)	(7)								
(7)	(8)	(8)	(9)								
(9)	(10)	(10)	(10)								
WANTED: <input type="checkbox"/>	WARRANT: <input type="checkbox"/>	ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED: <input type="checkbox"/>	WEAPON:	Used: <input type="checkbox"/>	Drugs <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Computer <input type="checkbox"/>			
TOTAL NUMBER ARRESTED: 1	ARREST AT OR NEAR OFFENSE SCENE:			Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>						
<p>1. WERE CHILDREN INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>2. WAS ACT COMMITTED WITH CHILDREN PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> MORE THAN 10 <input type="checkbox"/> UNKNOWN</p> <p>4. EXISTENCE OF PRIOR COURT ORDERS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN</p> <p>5. WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>											
FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY											
<p>6. TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR: <input type="checkbox"/> 1 - FATAL INJURY <input type="checkbox"/> 2 - PERMANENT PHYSICAL DISABILITY  <input type="checkbox"/> 3 - TEMPORARY DISABILITY <input type="checkbox"/> 4 - BROKEN BONES <input type="checkbox"/> 5 - GUN/KNIFE WOUNDS <input checked="" type="checkbox"/> 6 - SUPERFICIAL INJURIES  <input checked="" type="checkbox"/> 7 - PROPERTY DAMAGE/THEFT <input type="checkbox"/> 8 - THREATS <input type="checkbox"/> 9 - ABUSIVE LANGUAGE <input type="checkbox"/> 10 - SEXUAL ABUSE <input type="checkbox"/> 11 - OTHER</p>											
<p>7. POLICE ACTION TAKEN <input checked="" type="checkbox"/> 1 - ARREST <input type="checkbox"/> 2 - CITATION <input type="checkbox"/> 3 - SEPARATION <input type="checkbox"/> 4 - MEDIATION <input type="checkbox"/> 5 - OTHER <input type="checkbox"/> 6 - NONE  IF NO ARREST MADE WHY NOT? <input type="checkbox"/> 1 - JUVENILE <input type="checkbox"/> 2 M - PRIMARY AGGRESSOR WAS NOT AT THE SCENE  <input type="checkbox"/> 3 - INSUFFICIENT PROBABLE CAUSE <input type="checkbox"/> 4 - OTHER REASON</p>											
<p>8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? <input checked="" type="checkbox"/> 1 - PHYSICAL EVIDENCE <input type="checkbox"/> 2 - TESTIMONIAL EVIDENCE <input type="checkbox"/> 3 - OTHER</p>											
<p>9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V)  A: <input type="checkbox"/> 1 - DRUGS <input type="checkbox"/> 2 - ALCOHOL      V: <input checked="" type="checkbox"/> 3 - DRUGS <input checked="" type="checkbox"/> 4 - ALCOHOL</p>											
<p>10. RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S): <input type="checkbox"/> 1 - PRESENT SPOUSE <input type="checkbox"/> 2 - FORMER SPOUSE <input type="checkbox"/> 3 - PARENT  <input type="checkbox"/> 4 - CHILD <input type="checkbox"/> 5 - STEPPARENT <input type="checkbox"/> 6 - STEPCHILD <input type="checkbox"/> 7 - FOSTER PARENT <input type="checkbox"/> 8 - FOSTER CHILD  <input checked="" type="checkbox"/> 9 - NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD</p>											
<p><b>CLEAR</b> REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE</p>											
REPORTING OFFICER Daniels j w			NUMBER 2175	APPROVING OFFICER			NUMBER				



<b>DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE</b>		Case #: 17-054676
Officer ID/Name: 2175 Daniels j w	Date: 6/3/2017 8:00:00 PM	Approving Officer ID/Name
Title: INITIAL REPORT		
<p>--I, along with Sgt. Johnson, Sgt. Parker and Ofc. Sargent responded to the United Inn (Extended Stay) Hotel, located at 4649 Memorial Drive, in reference to trouble unknown call.</p> <p>The caller, who elected to stay anonymous, stated that from his/her room, he overheard loud screams, profanities and what sounded like someone was being assaulted. Upon our arrival, we knocked at room 345 and were allowed entry into the room by a male subject. Once inside, we then made contact with a female subject, who was also occupying the room. Both male and female appeared to be very intoxicated.</p> <p>The room was in total and complete disarray; with the bed (mattress) turned upside down, clothing and trash scattered about the floor and several empty beer cans and other alcoholic beverage bottles. There was also various drug paraphernalia (crack pipes etc.) inside the room.</p> <p>We were able to separate the male from the female, though they were still in an active verbal dispute, by taking the male subject outside the room. Once alone, the female, identified as Karis Brown/victim, 37, stated that after a verbal dispute over monies owed to her sexual favors, a scuffle ensued. That scuffle escalated into a physical altercation, with the male suspect, Jamie Kellan, 44, striking the victim in the face and chest area, with a closed fist. The victim did display a few minor scratches about her facial area.</p> <p>The victim also stated that while attempting to call 911, the suspect grabbed her cellphone, thereby preventing her from calling the authorities for help.</p> <p>With sufficient probable cause present, I placed the suspect under arrest under the domestic violence laws.</p> <p>The suspect, for his part, was not being an effective advocate for his 'side of the story'. During my entire encounter with him, he was loud, uncooperative, combative and intoxicated. He was cursing and being very disrespectful. He referred to this officer as a 'bitch nigger', "a punk ass officer" and accused me of "taking that bitch's word over mine".</p> <p>While enroute to the jail with the suspect, he began to forcefully kick the inside doors on my 2013 county-issued Chevrolet Caprice. He continued to kick my door, which inevitably caused damage to my patrol vehicle. Upon my arrival at the jail, Ofc. Sargent who accompanied me, assisted me with walking the suspect from my vehicle to the intake jail area.</p> <p>While inside the intake area, it took several detention officers to detain and control the suspect, due to his violent behavior.</p> <p>After the suspect was booked in, I returned to my vehicle only to discover that my driver's side rear door had been damaged due to the suspect violently kicking on my doors. The door would not close completely. Sgt. Johnson was notified and responded to the scene. A 'Damage to County Property Paperwork' will be completed. A new charge was also added to the suspect's jail docket.</p> <p>Arrest warrants and any further prosecution will be handled by this officer.</p>		

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b> <b>NARRATIVE</b>			Case #: 17-054676
Officer ID/Name: 3346	Date: 6/2/2017 9:17:19 PM	Approving Officer ID/Name:	Date:
Title: INITIAL REPORT			
<p><b>Report Date:</b>  <b>Reporting Officer:</b> 3346 - Sargent j m  <b>Approving Officer:</b> -</p> <p>On 06/02/2017, at approximately 2040 hours, I responded to 4649 Memorial Drive(United Inn &amp; Suites) in reference to a domestic disturbance. Upon arrival, I met with Ms. Karis Brown(Victim) and Mr. Jamie Kellan(Suspect). The Victim stated, the Suspect followed her into her room, Room #345. The Suspect accused the Victim of stealing his money. The Suspect then "jumped" the Victim striking her in the face, ripping her t-shirt, and slamming her into the wall. She advised the Suspect she was contacting the Police and the Suspect "snatched" the Victim's cellphone from her hand. The Victim made it the front window and pulled open the curtain. At that time, the Victim observed an unidentified black male outside the window. The Victim screamed for help toward unidentified male. The Suspect then pulled the Victim away from the window, throwing her to the floor. He then forced her to remove her clothing. Upon my arrival, the Victim was wearing only her bra and underwear.</p> <p>The Victim believed the unidentified male contacted Police. The call was received by a male, who disconnected the line when call takers asked for his name. The Victim could not provide any further information about the caller. I attempted to contact the Complainant at the number which was used to contact 911(404-836-8100.) The number came back to the business, United Inn &amp; Suites.</p> <p>I observed slight swelling to the Victim's right cheek bone. Her t-shirt was torn at her right shoulder. The room had been completely ransacked. Both the Victim and Suspect stated, this was caused while the Suspect searched for his money. There were empty, and full, beers cans strewn about the room. Both the Victim and Suspect appeared to be under the influence, and were emanating the odor of alcohol from their persons. There were pieces of what appeared to be a broken crack pipe on the bathroom floor, and burnt brillo resting on the bathroom sink. Adjacent to the bathroom door, in a blue trash can, was a small empty Ziploc bag. The bag appeared it had contained crack cocaine residue. Both the Victim and Suspect accused the other of consuming the crack cocaine. They each stated, they had only consumed alcohol.</p> <p>The Suspect was escorted away from the scene, and placed in the back seat of Officer JW Daniel's(#2175) patrol car. I provided the Victim with a case number and Victim Contact Card. She was advised of the Temporary Protective Order Process.</p> <p>Before departing the incident location, I observed the Suspect kick the left and right rear doors of Officer Daniels' patrol car. The Suspect was yelling profanities at the Victim, and Officer Daniels. As Officer Daniels and I arrived at The DeKalb County Jail, I observed the left rear door of Officer Daniels' patrol car protruding slightly outward. Before removing the Suspect, he kicked the rear doors several more times. The Suspect exited the patrol car under his own power and was lodged in the jail. Upon further inspection of Officer Daniels' patrol car, I observed distinct shoe prints on the interior of the rear doors. The left rear door protruded slightly after being closed.</p>			

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT							Case #: 17-061038			
EVENT	Incident Type 16-5-20 (1313) SIMPLE ASSAULT 16-7-21 (2902) CRIMINAL TRESPASS - DAMAGE <500 - PRIVATE				Counts 1 1	Incident Code 1313 2902	Offense Jurisdiction COUNTY COUNTY	Arrest Jurisdiction		
	Premise Type: ALL OTHER				Weapon Type: 04	Forcible: U	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560	
	Date Report: 6/20/2017 3:52:52 PM				Incident Start: 6/20/2017 3:00:00 PM	Incident End: 6/20/2017 3:10:00 PM	Incident Location: 4649 MEMORIAL DRIVE DECATUR GA 30032--			
	Name (Last, First Middle): PERRY, KEITH III				Moniker:	DOB: -1989	Age: 27	Sex: M	Race: B	Ethnicity: U
	Address 35552 HAWTHORNE DR. ROMULUS MI 48174-				Home #: _____	Work #: _____	Cell #: _____	Email: _____		
	SSN: _____ Resident Status: _____ HGT: _____ WGT: _____ Hair Color: _____ Hair Style: _____ Hair Length: _____ Eye Color: _____ OLN #: _____ State: _____ UNKNOWN									
	Occupation: _____ Employer: _____ Address: _____				Employer Phone: _____					
	Victim Type: Individual				Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School: _____	LEOKA Activity Type: _____		LEOKA Assignment Type: _____	
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
	SMTs:									
Relationship To Offenders:		(1) ACQUAINTANCE (6)	(2)	(3)	(4)	(5)				
Offenses Involved:		(1) 1313 (6)	(2) 2902 (7)	(3)	(4)	(5)	(10)			
VICTIM	Name: DAY, DAYSHANNA I				Moniker: _____	DOB: -1998	Age: 19	Sex: F	Race: B	Ethnicity: N
	Address: 9022 N. 35TH AVE PHOENIX AR 85051-				Home Phone: _____	Work Phone: _____	Cell Phone: _____	Email: _____		
	SSN: _____ Resident Status: _____ HGT: _____ WGT: _____ Hair Color: BLACK Hair Style: _____ Hair Length: _____ Eye Color: BROWN OLN #: _____ State: AR UNKNOWN									
	Occupation: _____ Employer: _____ Address: _____				Employer Phone: _____					
	SMTs:									
	Offenses Involved: (1) 16-5-20 (1313) SIMPLE ASSAULT 1313 (2) 16-7-21 (2902) CRIMINAL TRESPASS - DAMAGE <5 2902 (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____									
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: N WEAPON: _____				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
	TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>									
	OFFENDER	VEHICLES		CURRENCY, NOTES, ETC.		JEWELRY, PREC. METALS		FURS		
		STOLEN	\$0.00		\$0.00		\$0.00		\$0.00	
RECOVERED		\$0.00		\$0.00		\$0.00		\$0.00		
CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC.		HOUSEHOLD GOODS				
STOLEN		\$0.00		\$0.00		\$0.00		\$0.00		
RECOVERED		\$0.00		\$0.00		\$0.00		\$0.00		
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL		
STOLEN		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00	
RECOVERED		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00	
PROPERTY ADM.										
GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES										
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturates <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown										
CLEAR DRUG REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE										
REPORTING OFFICER Woody j s				NUMBER 3334	APPROVING OFFICER Parker o b			NUMBER 1815		

<b>DEKALB COUNTY POLICE DEPARTMENT</b> <b>GA0440200</b>				Case #:
<b>NARRATIVE</b>				17-061038
Officer ID/Name: 3334	Date: 6/20/2017 4:02:32 PM	Approving Officer ID/Name: 1815	Parker o b	Date: 6/20/2017 8:56:00 PM
Title: INITIAL REPORT				

On 06/20/17 at approximately 15:15 hours, I responded to the United Inn and Suites located at 4649 Memorial Drive in reference to a neighbor dispute.

Upon arrival, I spoke with Keith Perry who stated that Daysheana Day assaulted him by throwing a glass candle at him while he stood outside the doorway of room 101. Mr. Perry stated that the candle struck him in the side. No injuries were visible and EMS was refused on scene. Mr. Perry stated that Ms. Day had his cell phone and damaged it by throwing it against the wall. Mr. Perry advised that the incident was captured on camera. I made contact with an employee at the front desk to view camera footage. The location of the incident took place at the end of the cameras surveillance range. Very little can be made out from the footage.

I spoke with Daysheana Day inside room 101 about the incident. She advised that she is a prostitute and that Mr. Perry is her pimp. Ms. Day stated that Mr. Perry became upset earlier when she refused to perform a sexual favor. Ms. Day stated that Mr. Perry left taking his suitcase and proceeded to another female's room at the motel. Ms. Day stated that the room is in her name. Ms. Day said that the two argued in the doorway when he returned asking about phone. Ms. Day stated that she did not hit Mr. Perry with a candle and didn't have his phone. Ms. Day gave me verbal consent to search the room. The phone was not located. I attempted to call the phone and it rang a couple of times and went to voicemail.

Mr. Perry was provided with a case number and victim contact card. He was advised on the warrant and protective order application protocol.